

BIENNIAL REPORT

of the

Superintendent

of the

**Florida Hospital
for the Insane**

**FOR THE YEARS
1913 AND 1914**



T. J. APPLEYARD, STATE PRINTER
Tallahassee, Fla.



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OFFICERS OF THE HOSPITAL.

1913-1914.

BOARD OF COMMISSIONERS OF STATE INSTITUTIONS.

Park M. Trammell, Chairman.....Governor
H. Clay Crawford.....Secretary of State
W. V. Knott.....Comptroller
T. F. West.....Attorney General
W. A. McRae.....Commissioner of Agriculture
J. C. Luning.....Treasurer
W. N. Sheats.....Supt. of Public Instruction
G. T. Whitfield.....Secretary to the Board
Tallahassee, Florida.

B. F. Whitner, Superintendent, resigned March 1, 1913.
Worth W. Trammell, Superintendent, elected March 1,
1913, Chattahoochee, Florida.

R. N. Green, M. D., Chief Physician, Chattahoochee, Florida.

B. F. Barnes, M. D., Assistant Physician, Chattahoochee,
Florida. Dr. Barnes resigned November 1, 1914.

A. E. Conter, M. D., Assistant Physician, Chattahoochee,
Florida.

H. Mason Smith, M. D., appointed Assistant Physician,
November 1, 1914, Chattahoochee, Florida.

Dr. H. S. Holloway, Pathologist, resigned October 1, 1913.

J. G. Wilson, D. D. S., Resident Dentist, Chattahoochee,
Florida.

H. Q. Brewer, Druggist and Pharmacist, for year 1913.

C. M. O. Gibson, Druggist and Pharmacist, January 1st to July 1st, 1914.

B. F. Bache, Druggist and Pharmacist, July 1st to December 31st, 1914.

Rev. R. A. Sowell, Chaplain, for 1913-1914.

OFFICE FORCE.

D. Lang, Secretary and Cashier.

W. L. Vanlandingham, Bookkeeper and Stenographer.

Miss Isabelle Pace, Stenographer for Medical Department.

MEDICAL VISITING STAFF.

U. S. Bird, M. D., Eye, Ear and Throat, Tampa, Fla.

Gerry R. Holden, M. D., Gynecologist, Jacksonville, Fla.

J. H. Randolph, M. D., Alienist and Neurologist, Jacksonville, Fla.

Clarence Hutchinson, M. D., General Surgery, Pensacola, Fla.

Henry E. Palmer, M. D., Stomach Diseases, Tallahassee, Fla.

J. L. Kirby-Smith, M. D., Skin Diseases, Jacksonville, Fla.

REPORT OF SUPERINTENDENT FLORIDA HOSPITAL FOR THE INSANE.

To the Honorable Board of Commissioners of State Institutions, Tallahassee, Florida.

Gentlemen :

I have the honor to submit herewith report of the condition, management and progress of the Florida Hospital for the Insane, with data showing disbursements and movement of population for the biennial period beginning January 1, 1913, and ending December 31, 1914.

During the period covered by this report an unprecedented number of admissions have been received at the Institution. During the year 1913 there were 490 admissions. During the year 1914 there were 590 admissions.

There were present in the Hospital January 1, 1913, 1,107 patients, and on January 1, 1914, 1,201. There were present on the 31st day of December, 1914, 1,366 patients.

During the year 1913 there were 466 deaths, discharges and furloughs. During the year 1914 there were 573 deaths, discharges and furloughs.

The average monthly population for 1913 was 1,163 and for 1914 1,255. The percentage of deaths and discharges will be found by reference to the proper tables.

The general health of the Institution has been remarkably good. We have been free from epidemics, and aside from one case of meningitis, a colored male patient, we have had no cause for alarm in the general health of our patients. There have been committed to this Institution during the past two years a large number of old and enfeebled persons, a large percentage of whom are suffering from some chronic and incurable disease at the time of their admission. The most we can do for the most of

this class is to simply take care of them and endeavor to alleviate their sufferings until the end. It often happens that this class of patients die in from one day to three months after admission.

MAINTENANCE.

The total cost of maintenance for 1913 and 1914 is greater than for the two preceding years, on account of the increase in number of patients as well as an increase in the price of foodstuffs. By reference to Tables Nos. 1A and 1B the monthly cost will be found for maintenance, as well as the total cost for the years 1913 and 1914.

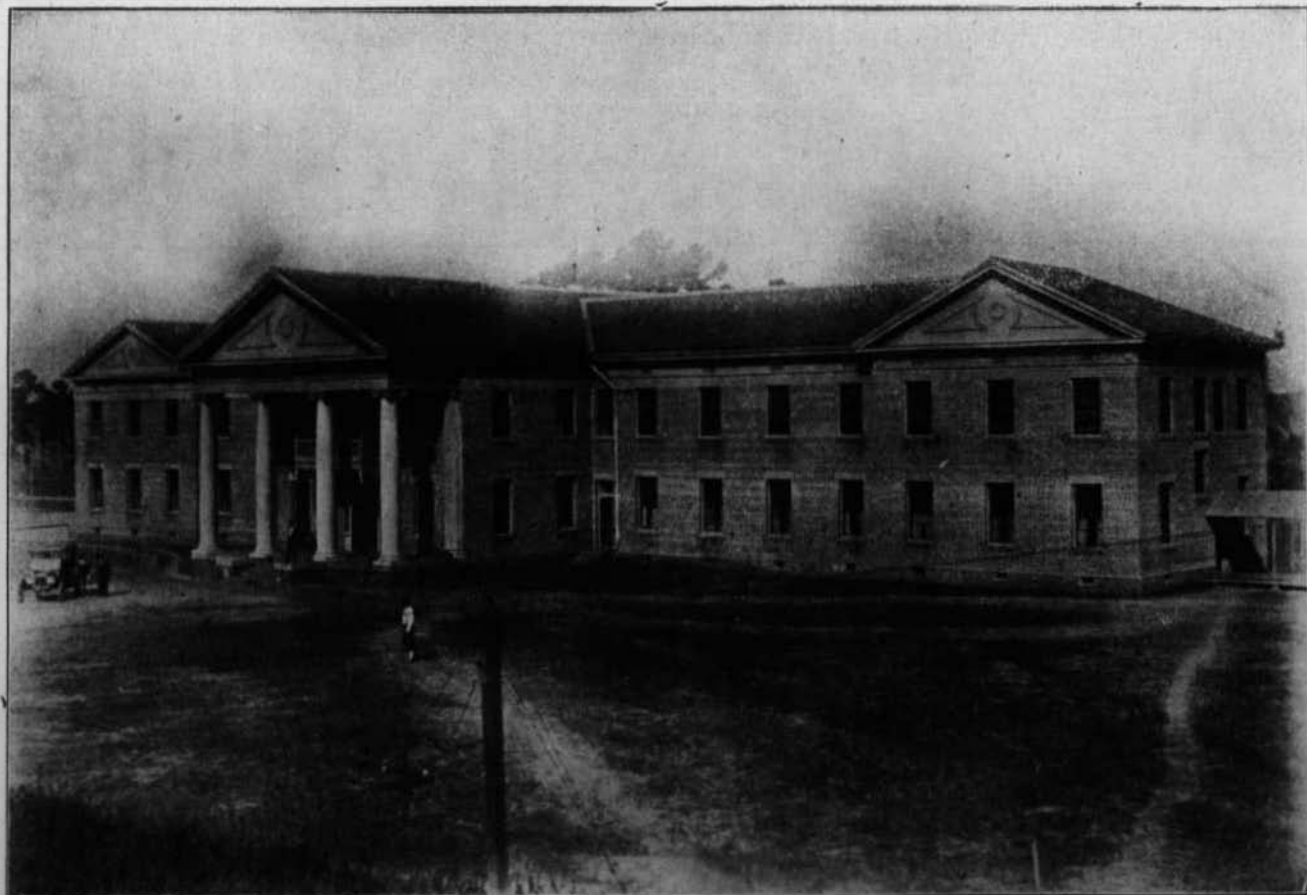
It will be noted that the average cost per month for maintenance per patient for the year 1913, exclusive of improvements, is \$14.85 per month, and for the year 1914, \$14.74 per month.

The maintenance fund for the ensuing two years will, of necessity, be considerably greater, as the number of patients are rapidly increasing. Additional numbers of patients not only mean an increase in food supply, clothing, shoes and medicines, but also more employees and equipment.

EMPLOYMENT OF PATIENTS.

It is well recognized that the proper management and discipline of the insane, with suitable employment, which affords mental recreation and physical exercise, adds materially to their welfare and aids in no small degree in their restoration.

During the time covered by this report the employment of all patients, so far as practicable, has been encouraged and carried out. With the male patients, they assist on the farm, truck garden, hauling coal, at the dairy barn, making mattresses, keeping the grounds in order



RECEIVING HOSPITAL

and assisting in keeping the male wards, and do many other minor things about the Institution. The white women assist very materially in keeping up the White Female Department, and also assist in the sewing room, where thousands of garments are made every year. Many of these patients do embroidery and fancy sewing, which occupies their time. The colored female patients assist in taking care of their department, and about thirty-five are daily engaged at the laundry, where they render valuable service in carrying on the work of this department.

IMPROVEMENTS AND REPAIRS.

Since the last biennial report the Institution has progressed in a marked degree in the matter of improvements and equipment.

RECEIVING HOSPITAL.

The Receiving Hospital Building, which was provided for by the Legislature of 1911 and 1913, has been completed and furnished, and we began to occupy it on June 1, 1914. This structure is two hundred and twenty-two feet long by forty feet wide, two stories high, with a capacity for about seventy-five patients. In addition to that portion used for rooming patients, we have the physicians' offices, drug-room and diet kitchen on the first floor. On the second floor we have the operating room and those for administering anasthesia, and also a suite of five rooms, bath and toilet for the female nurses. There is in each department a bath room equipped with a Hydrotherapeutic apparatus. The addition of this building has added very greatly to our Institution in the matter of taking care of those who are physically sick, as well as offering additional treatment to their mental condition. Prior to the erection of this building all those who were physically sick were kept in Hospital wards in the

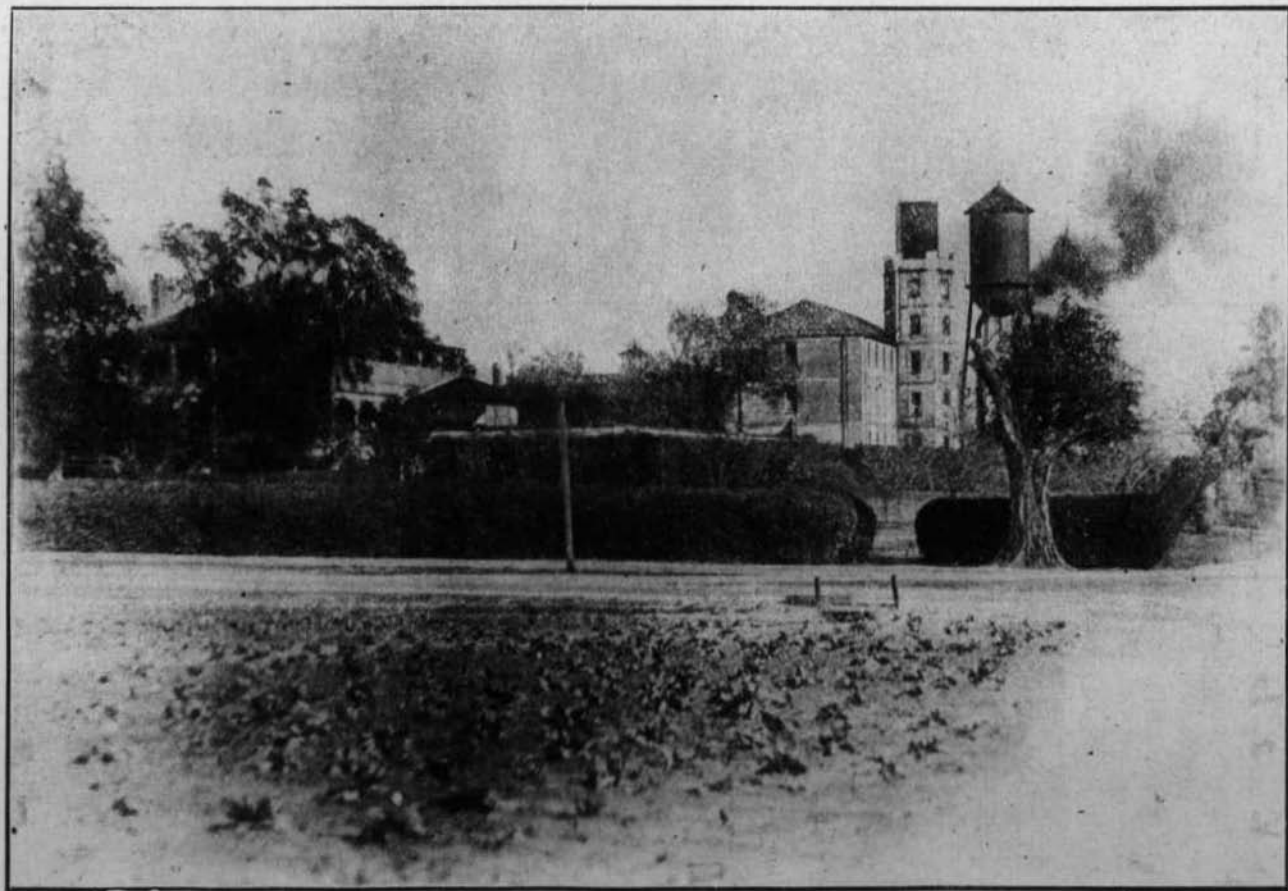
general buildings, where they were subjected to more or less noise and confusion from the other patients. As it is now, the sick have a quiet place, where they are not disturbed by others. All new patients are taken to the Receiving Hospital, where they are kept from two to five days for observation and examination, after which time, if not sick physically, they are transferred to the general ward in which they are assigned.

COLORED FEMALE HOSPITAL BUILDING.

During the past two years the building formerly known as the "Old White Female Building," which is one of the old original buildings erected in 1834, has been renovated throughout the interior with new plastering, new floors, new ceiling, new plumbing fixtures and a new arrangements, which makes this building exceedingly comfortable and well adapted to the purposes for which it is used. The building is now devoted to the use of the Colored Female Patients as a Hospital Building. The basement floor of this building has also been renovated and is used as a general dining room for the colored female patients.

COLORED MALE BUILDING.

The addition to the Colored Male Building, which was in the course of construction at the beginning of the time covered by this report, has been completed and is now in service. This addition is three hundred feet long and two stories high, making, with the old part of the Colored Male Building, a structure five hundred and twenty feet long. This addition was not built by contract, but erected with a mechanical force under the superintendency of our head mechanic, and it can very properly be said that it is one of the best buildings at the Institution. All radiation in this building is placed overhead, which makes it more sanitary and less dangerous for patients, as they can not



SUPERINTENDENT'S RESIDENCE

TOWER BUILDING

fall against it and get burned. All baths in this addition, except the Hospital ward, are shower baths, which provide a more effective method of cleansing the body.

TUBERCULOSIS BUILDING.

The building authorized by your honorable Board, for all white patients afflicted with tuberculosis, is in course of construction, and will be ready for occupancy about the first of June, if nothing unforeseen prevents. This building will fill a long felt need at the Institution. The effective segregation of these patients from others not tuberculosis subjects has almost been impossible, and it has been a source of anxiety lest others who come in contact with them might contract the disease. With the Tuberculosis Building equipped and in operation it will provide adequate means for the efficient treatment of this class of patients, and will be of great protection to the non-tuberculosis patients. A similar building for the colored patients will be erected as funds are provided.

BUNGALOW FOR DR. CONTER.

There has been erected a modern bungalow of six rooms for the use of Dr. Conter, one of our Assistant Physicians. This provides a residence for each of our Resident Physicians.

SUPERINTENDENT'S RESIDENCE.

In the last biennial report of the Superintendent of this Institution he recommended extended improvements to the Superintendent's residence. Since that time we have worked over the interior walls, replaced some decayed sills under the porches and erected a new kitchen to this building.

NEW OFFICE.

Since occupying the Receiving Hospital Building, in which is provided offices for the physicians, and a drug room, the room formerly occupied by these officers has been renovated on the inside and made into offices for the Superintendent and his clerical force. This was deemed advisable, for the reason that the old office was very dark and small and often required lights in the day time in order to see how to work.

STAIRWAYS.

Deeming it advisable to have an abundance of stairways there has been several erected in addition to those that were already provided.

There has been an additional stairway erected on the porch at the east end of the White Ladies' Building; also one at the north end of the Colored Female Hospital Building; also one at the northeast angle of this building; also one on the outside of the north side of the amusement hall; also one on the outside of the north wing of the Colored Female Building. We have also put up new stair case to replace old one of the west porch of the White Male Building.

DINING ROOM AND KITCHEN.

The general dining room has been painted throughout on the inside, and that part used for the White Male patients has been refloored. There has also been provided through this dining room by archway and partitions a drive way, which enables vehicles to go all the way through the Institution. Prior to this archway the store room wagon had to go completely outside the Hospital grounds in order to get from the store room to the kitchen with the daily supplies. It also provides a straight avenue

from the most easterly building (the colored male) to the front of the Institution. The north wing of the general dining room had been used for both the white and colored female patients, a partition dividing the two dining rooms. This dining room has been made into a white female dining room only, the partition having been removed and a dining room for the colored female patients having been provided by renovating the first floor of the Colored Female Hospital Building, and making of it a dining room for the colored females. A partition has been erected between the dining room and kitchen, to prevent the vapor and odor from the kitchen permeating the atmosphere of the dining rooms.

KITCHEN.

The kitchen has been repainted. All steam pipes have been changed from under the floor to overhead. The block cement floor has been changed to a solid one, making it much more sanitary and capable of being kept clean and wholesome. All screens in this department, as well as the dining room, have been repaired. A large ventilator has been constructed on the top of the kitchen, to carry off as much as possible of the vapor from the steam cooking vessels, and also to make the room more comfortable for those who have to labor therein from three-thirty A. M. until seven P. M.

THE DR. SKULL RESIDENCE AND COTTAGE.

The residence and cottage purchased several years ago, known as the Dr. Skull residence and cottage, have been renovated and put in good repair, except they need a coat of paint at this time.

THE DUKE AND DOLAN COTTAGES.

The two cottages, known as the Duke and Dolan cot-

tages, which had been abandoned, have been repaired and renovated, and are now occupied by Hospital employees.

OLD DAIRY HOUSE.

The old dairy house, which was constructed of wood some twenty years ago, and located in the kitchen yard, where it was only used for storing empty barrels, has been removed outside the yard to a point near the dairy barn, and has been repaired and remodeled and is now occupied by the dairyman as a residence.

STORE ROOM AND DORMITORY.

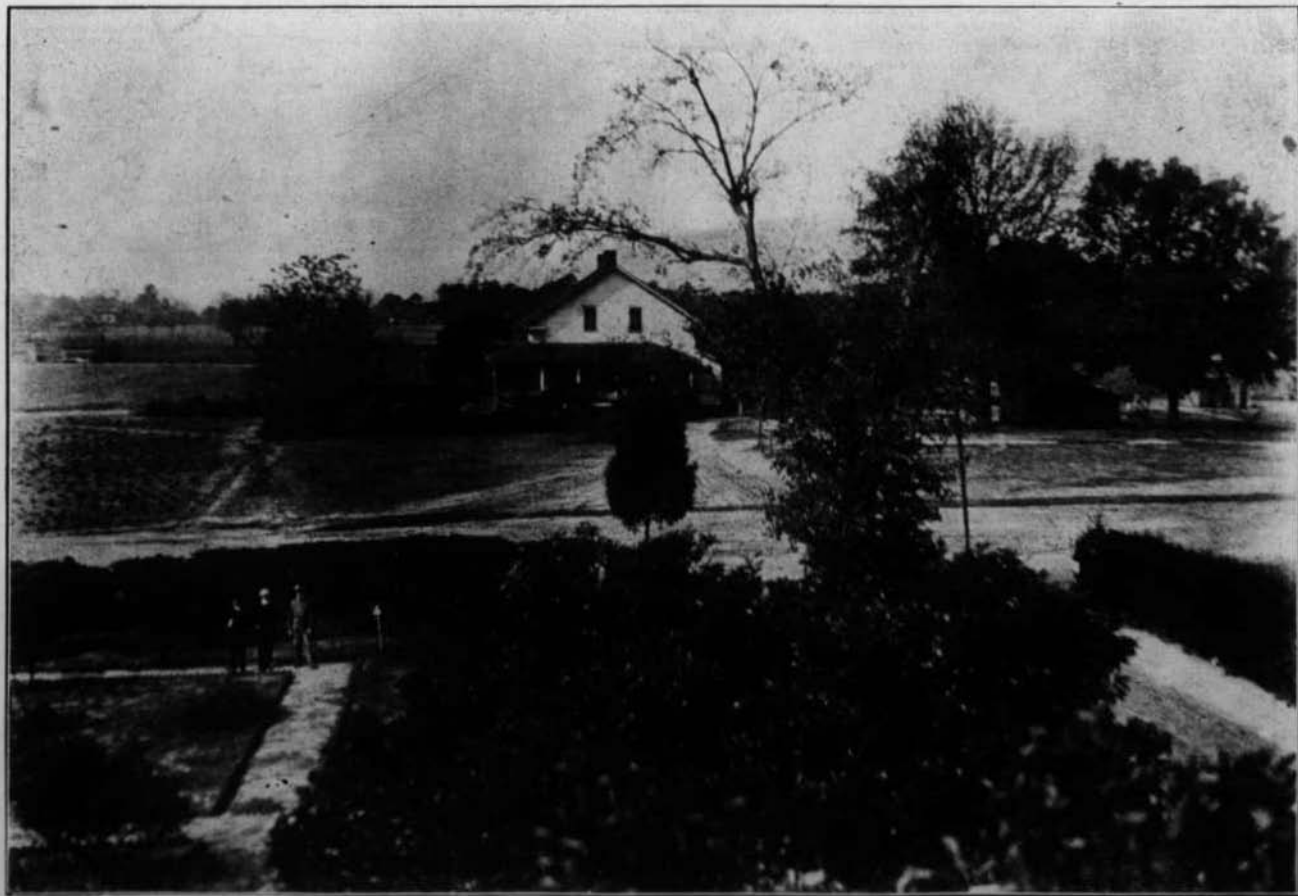
The flooring in the store room has been completely renewed, new floor joists being put in and the floor raised ten inches. The second floor of this building, which is used as a dormitory, was sagging and needed attention. This floor has been leveled up and strengthened.

DR. GREENE'S RESIDENCE.

The residence occupied by Dr. Greene has been renovated throughout on both inside and out, it having been painted on the outside and good screens being placed in all outside openings. The inside has been repapered and repainted and the kitchen, which had never been finished, has been completed.

FARM AND TRUCK GARDENS.

Owing to the limited amount of tillable soil we do not engage very extensively in farming but confine this class of work to raising vegetables, sweet and Irish potatoes, corn for ensilage, and oats. We have a number of hogs which afford quite a quantity of fresh pork each year.



DR. SMITH'S RESIDENCE
GARDEN

This pork is served to the patients and affords a variety to the regular diet.

Under this head may properly be mentioned the dairy. This department is of incalculable value to the Institution, but we are very much in need of a thoroughly sanitary dairy barn where the milking and feeding can be done under more favorable conditions. The herd has been relieved of deadheads by butchering them for beef. Under proper head will be found the number of milk cows, heifers and bulls in our herd.

LAUNDRY.

This department is a very important one and should be kept to a very high degree of efficiency. It is here that there are thousands of garments laundried each week for the patients, and also for all employes of the Hospital. It is now running to its full capacity and should the number of patients increase in the next twelve months in the same proportion as they have in the past it will be necessary to enlarge its capacity. We are at this time in need of a new mangle for ironing sheets, pillow cases, spreads and this class of garments, and also a skirt ironer. It has been necessary to purchase two new iron stoves for this department.

ICE PLANT AND COLD STORAGE.

The Ice Plant has been kept up to a fair degree of efficiency and has afforded all the ice necessary for the needs of the Institution. The cold storage room is not as satisfactory as we would like to have it, and in the near future it is desired to have this room completely renovated and improved.

SAW AND PLANING MILLS.

These mills are of great use to the Institution and afford an economical way of furnishing material for repairs

and needed improvements in different departments of the Institution. Owing to the limited supply of saw logs on the Hospital property we are unable to get out as much material now as in former years.

POWER PLANT AND WATER WORKS.

The power plant has been sufficient to keep the Institution well lighted and furnish sufficient heat to keep the buildings comfortably warm in the winter, but with the opening of the Receiving Hospital Building and the Addition to the Colored Male Building there has been so much additional space to heat that it is very taxing on our present boilers. It is desired that another boiler be installed before the winter of 1915 and 1916.

The water works, which is a very vital part of our Institution, is now being enlarged and improved under the direction of your Honorable Board.

FENCES.

During the past two years we have erected something like two miles of wire fence for pasturage purposes and also to aid in preventing depredations to the timber. There has also been erected a fence ten feet high, made of rough pickets, enclosing the power house, laundry, saw and planing mill, the entire lumber yard and also the Colored Male Building. This fence is independent of the regular yard fences and is of great benefit in protecting the Hospital property from those who may have heretofore had free access to this part of the Institution. There has been erected a new fence around the disturbed white men's recreation yard. There has been a new fence erected around the entire colored men's recreation yard. The disturbed white ladies' recreation yard has been enlarged and cross fences erected, so those of each ward may be separated when out for recreation.



WHITE FEMALE BUILDING

COLORED FEMALE HOSPITAL

GROUNDS.

The hospital grounds have been improved considerable in the way of removing all obstacles of an unsightly nature and endeavoring to keep them perfectly clean. There has been erected two large pavilions in the white ladies' recreation yard. The grounds outside of the Institution, which are adjacent thereto, have been cleared of all undergrowth and the trees have been trimmed. This has added materially to the appearance of the Hospital surroundings and is in the interest of sanitation and healthfulness.

AMUSEMENTS.

Those who are afflicted in mind, and oftentimes in body, should at all times have the thoughtful consideration of the more fortunate ones, and especially of those in whose care they are placed. This not only in their necessary care and treatment, but also in those things which make for their pleasure and enjoyment, to the end that the clouds which shadow their unfortunate estate may at least, now and then, be pierced by a ray of sunshine and pleasure. In an endeavor to give our patients as much pleasure and amusement as possible we have a dance once each week; give occasional amateur theatricals during the winter months; have a brass band, and will install a moving picture show as soon as arrangements are made for supplying of proper films. We also have religious services once each week. Patients are taken to walk once or twice a week, weather permitting.

RECOMMENDATIONS.

From time to time, during the past two years, I have brought to the attention of your Honorable Board matters which I deemed would be of benefit to the Institution, most

of which your Honorable body has been generous enough to agree to, so far as means at hand would permit. In offering the following recommendations I fully realize that the normal current expenses of this Institution are quite large and that there are other Institutions maintained by the State (but none more important or meritorious) that have to be provided for, and that all funds used in maintaining these Institutions are raised by taxation, but believing that your Honorable body will so far as expedient provide for these unfortunates everything that will add to their comfort and welfare and make for the good of the Institution, the following additions and improvements are recommended:

INDUSTRIAL BUILDING.

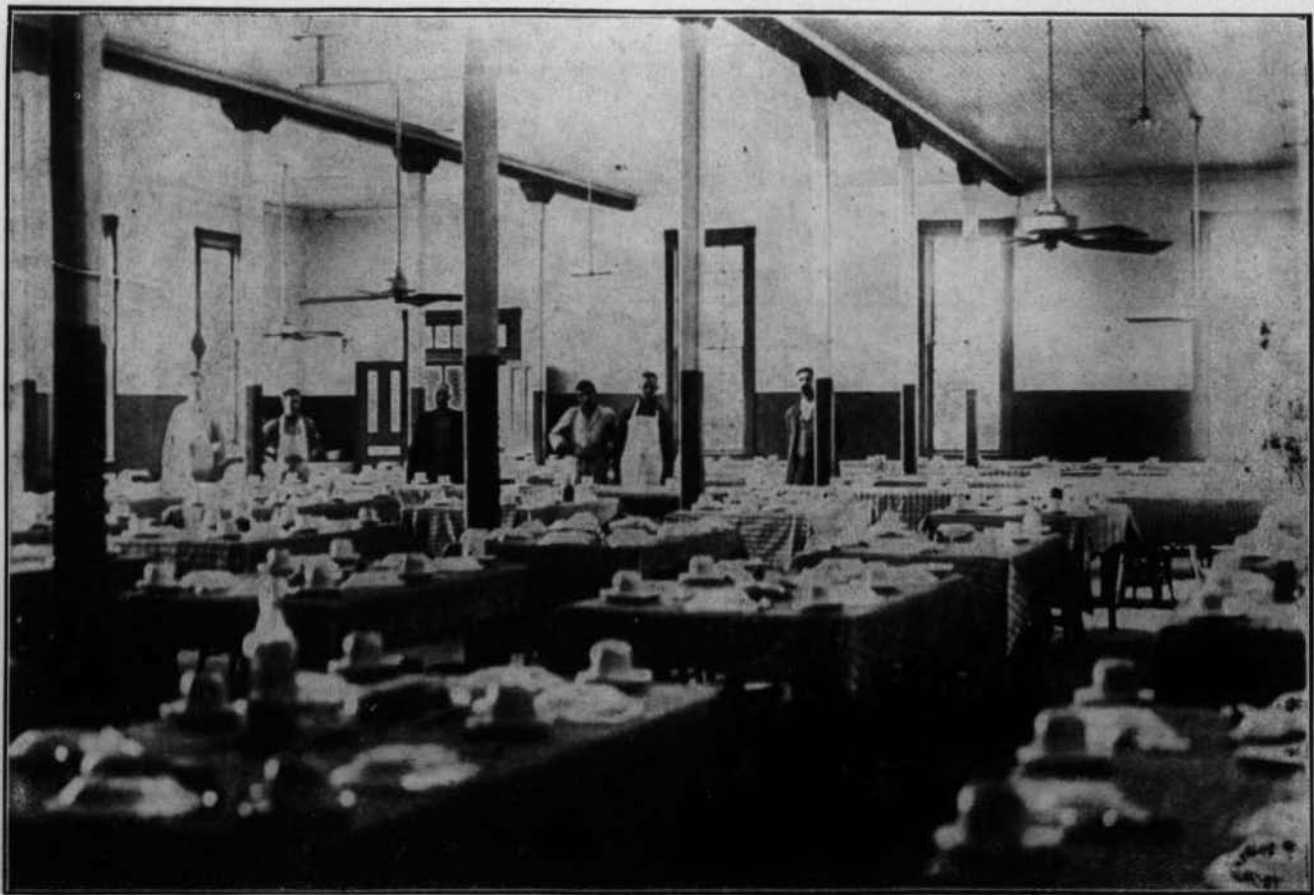
I would recommend the construction of a building, to be used as an industrial building, of sufficient size and equipment, to provide for industrial pursuits for at least one hundred patients. Details as to kind of employment can be very easily worked out, should provision be made for this building and equipment.

NURSES' HOME.

The erection of a nurse home has already been brought to your attention, but I wish to again recommend the erection of a building for this purpose, as soon as practical. It will add more room for patients, as most all attendants now sleep in the wards, will be the means of giving to the attendants places to rest and sleep, without being subjected to noise and confusion, and should result in better service from these employees.

LABORATORY AND PATHOLOGIST.

Your attention has already been called to the building



WHITE MALE DINING ROOM

of a Pathological Laboratory, with proper equipment for carrying on this work. As soon as a laboratory is provided we will desire the services of a Pathologist; this position having been vacant since October 1, 1913.

STORE ROOM.

I would recommend the erection of a new store room, to be located near the general kitchen, and the tearing away of the present store room building and using all material possible from this building in the erection of a new building.

READING ROOMS.

With the white male and white female buildings crowded as they are it has been deemed impracticable to use any of the space in these buildings for regular reading room purposes, consequently those who desire to read, and there are quite a number, have to do their reading in the halls, where there is more or less confusion. In the summer, when the weather is so the pavilions can be used, quite a number use them as a place to read. However, it is desired that two regular reading rooms be provided, one for the white female patients and one for the white male patients. With two such rooms many who now do very little reading can be furnished with newspapers and periodicals.

PAINTING.

There should be means provided for painting the entire outside of the buildings known as the "Tower Building" and the "Colored Female Hospital Building." There should also be provision made for the painting of all exterior wood and metal work on all buildings except the Receiving Hospital and the addition to the Colored Male Building.

SCREENS.

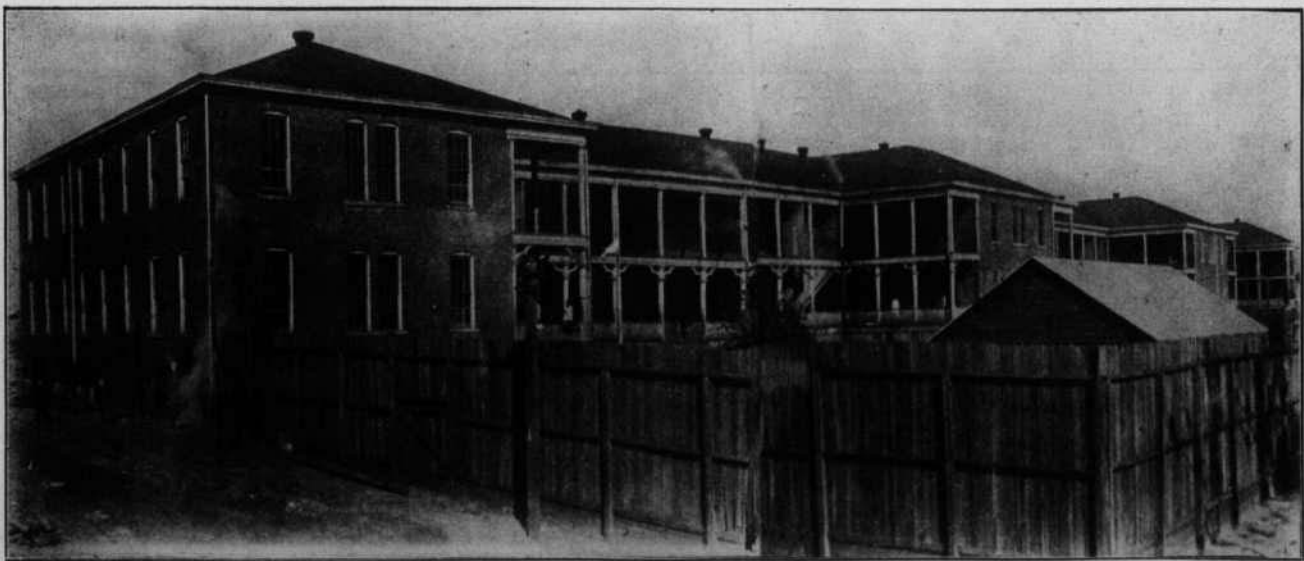
Provision should be made for screening all outside openings in all our buildings at as early date as practicable.

DAIRY BARN.

I would recommend the erection of a modern dairy barn of sufficient size to properly take care of a herd of sixty milk cows. The present barn is one erected when the dairy herd was first purchased for the Institution, some eighteen years ago. It is wholly inadequate in size, and while it is kept as sanitary as circumstances will permit yet is far from being as sanitary as it should be.

NEW STATE HOSPITAL.

Advocating the erection of a new State Hospital for the Insane will, I know, come as a surprise to many, but let me be not misunderstood. Be it far from me even to entertain a thought of the abolition of the present Hospital for the Insane, but rather taking time by the forelock, prepare for the rapid increase in our population who have to be committed to Hospitals for the Insane. At present we have about 1,325 resident patients in our institution at Chattahoochee. We have room for perhaps one hundred more, but this room is confined to the Colored Male Department; all other departments being at this time as full as they should be. There is at this time no room in the white male, white female or colored female departments for new admissions, but they are continually committed, so we endeavor to provide room for them, but in so doing we are overcrowding these departments. Within the next two years, judging from the past two, the institution will be far overcrowded. It is, therefore, necessary to provide more room at this Institution or begin the erection of a new Hospital in order to properly



COLORED MALE BUILDING

take care of these unfortunate persons. The present Institution is at this time cramped for recreation grounds. The erection of any more buildings for the housing of patients would either take from the recreation grounds, or from the amount of ground used for truck gardening, of which we have only a limited acreage. The land connected with the Hospital is so broken and uneven that it cannot be successfully farmed to any great extent. Located, as we are, in the western part of the State, some two hundred and eight miles west of Jacksonville, we are far from the center of population, consequently we are also far from the counties where most of the new admissions are committed. The expense of transporting these patients to the Hospital is borne by the State, also the expenses to their homes when discharged, and in the course of a year this item alone amounts to quite a large expense. Considerable of this expense could be obviated should a new Hospital be erected at a more central location.

Confronted as we are with the above conditions, I am impressed with the idea that the preparation for the erection of a new State Hospital for the Insane, to be located at some suitable point near the center of population of the State, where ample land can be procured for the proper laying out of buildings, as they are needed, and grounds, and with sufficient acreage to carry on considerable farming, should have thoughtful consideration, and I recommend that your Honorable Board present this matter to the next session of the Legislature for its consideration.

APPROPRIATIONS.

The following appropriations are recommended:

Last six months 1915, general maintenance.	\$120,000.00
For the year 1916, general maintenance.	240,000.00

First six months 1917, general maintenance...	125,000.00
Special for Construction and Equipment:	
Pathological Laboratory.....	3,000.00
Incidental improvements and repairs....	10,000.00
Dairy barn and equipment.....	5,000.00

GENERAL POLICY WITH REFERENCE TO PATIENTS.

It has been the policy of the Institution to remove the atmosphere of restraint from the patients, as far as practical, to make their surroundings as homelike as circumstances will permit, and to give them as much social life and enjoyment as the means at our hands will afford. At all times it has been the constant desire and endeavor to see that every patient receive kind treatment at the hands of the nursing corps, and the best that could be afforded be furnished for their comfort and welfare. True, there are many things that might be added to what we now have, had we the funds to provide them.

EMPLOYEES.

We have striven energetically to increase the efficiency of the attendant body. I have given lectures from time to time to them on the general welfare of the patients and the conditions that should prevail in the institution, and the necessity for being watchful and careful as to the most minute detail pertaining to their several duties. The members of the medical staff have been giving weekly lectures to the nurses and attendants upon medical subjects. At all times we have endeavored to deal with our employes in such manner as to promote co-operation and harmony, and I feel free to say that, as a whole, there cannot be found anywhere a body of two hundred employes who work more harmoniously and in accord than does the employes of the Hospital.

EXPENDITURES.

It has been my policy with reference to the expenditures of funds to be as economical as possible. During the past two years the enormous amount of repairs and renewals, together with the purchase of furnishings for the Receiving Hospital, the addition of some two hundred beds, the providing of a number of rocking chairs, and the general increase in foodstuffs, has added considerable to the expenses of the Institution, and in addition to this the large increase in the number of patients. By reference to Tables A-1 and B-1 there will be found expenditures under the different heads.

CHIEF PHYSICIAN'S REPORT.

Herewith will be found report of the Chief Physician, which is submitted for your consideration along with this report.

ACKNOWLEDGMENTS.

Before closing this report I wish to thank each member of the Medical Staff for their co-operation and for the aid given me in the management of the Institution, their watchful care and treatment of those in their several departments and their efforts at all times to improve the service of those under their direction.

To the employees I wish to express my thanks for their faithfulness in their departments.

I am indebted to the office force for their constant and careful service in matters coming into their hands.

To those members of the press who have been so kind as to furnish free their publications, I wish to express my appreciation.

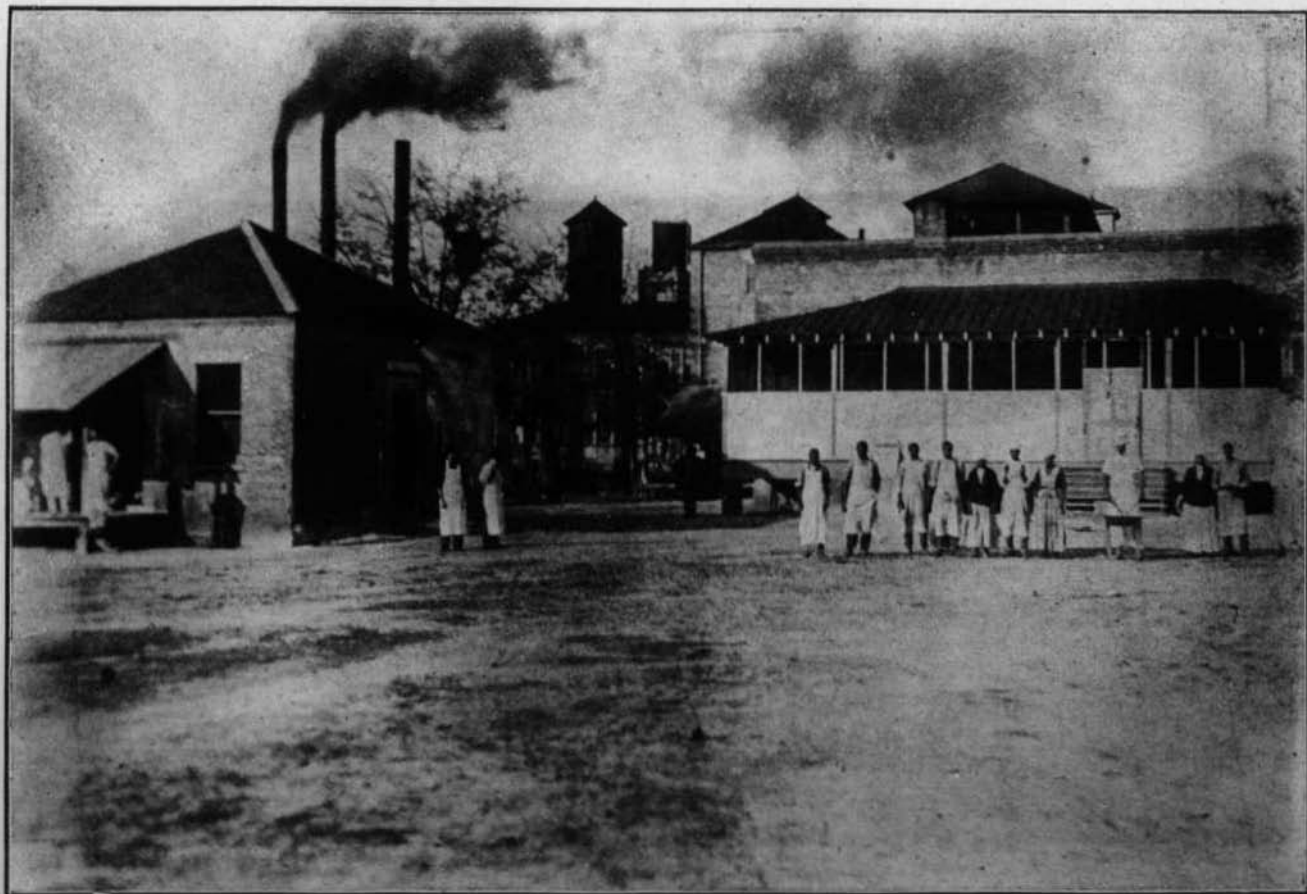
I desire to thank your Honorable Board for the kindnesses shown me and the interest you have taken in the

Institution during my encumbrancy as Superintendent. I appreciate very much the prompt and courteous attention of your Secretary, Hon. G. T. Whitfield.

Very respectfully submitted,

WORTH W. TRAMMELL,

Superintendent.



KITCHEN

BAKERY

REPORT OF CHIEF PHYSICIAN FLORIDA HOSPITAL FOR THE INSANE.

*Honorable W. W. Trammell, Superintendent,
Chattahoochee, Florida.*

Sir:—

I have the honor to submit, herewith, the report for the biennial period. The several tabular forms appended will give information of a statistical nature concerning the movement of the hospital population for the time covered by this report.

Your attention is respectfully invited to the several recommendations herein set forth. The majority of them I have had the pleasure of discussing with you already, but it seems proper to reiterate them officially at this time and make a few additional suggestions pertaining thereto.

The operation of the medical department has been fairly satisfactory during the period. With the addition of a pharmacist and medical stenographer, as set forth in the former biennial report, the work of the medical department has been carried out with more expediency than in the past. The ever increasing population of the Institution, and the continued effort upon the part of the medical staff to elevate each department to a higher plane of efficiency, has brought about a material increase in the amount of routine work, which makes it palpably evident that additional professional assistance is urgently needed.

Dr. A. E. Conter remains in the service in charge of the entire women's department. He is attempting to care for 330 white women and 266 colored women, a task that is beyond the scope of any man's ability, other than to make routine visits, prescribe for the sick and hastily formulate mental diagnoses. His services have been entirely

satisfactory, but the amount of work that has of necessity been done is naturally discouraging so far as ultimate results are concerned, because of its too wide scope. Dr. Conter has been of valuable assistance in matters of consultation and general advisory suggestions throughout the period. His ability as a linguist and his experience among the foreign class of patients not speaking English has enabled us to make more thorough studies of the mental condition of our many alien patients. Dr. Conter is, by temperament and training, peculiarly fitted for institutional work.

Dr. B. F. Barnes resigned from the service on November 1, 1914, voluntarily and without prejudice, for the purpose of re-entering private work at River Junction, Florida. He has the best wishes of the entire medical staff in his new effort. While it is regrettable to have him retire from the Institution and the medical service of the State, he is no doubt more happy and contented in his new and beautiful home, and some of the pleasures that are incident to private practice.

Dr. H. Mason Smith, of Milton, Florida, was appointed to succeed Dr. Barnes on November 1st. He has adapted himself to his new surroundings with alacrity. His pleasant personality permeates the atmosphere of the Institution like a ray of sunshine. His ability as a general practitioner is by no means minute, and his experience as a medical officer in the National Guard has enabled him to furnish special information in matters of sanitation and hygiene. This special knowledge will be of value to him in the general sanitary and hygienic affairs of his department. Dr. Smith is caring for the entire white male population, 376 in number.

An enviable condition of harmony exists between the several members of the medical staff. The matter of petty jealousies and the swaying of duty toward the furtherance of personal ambitions, so often and so unfortunately found in institutions elsewhere, is not in evidence here,

and the effort seems to be directed toward the general improvement of the work of the Institution and the elevation of the status of the Hospital.

Dr. J. G. Wilson remains as the resident dentist of the Hospital. His report, which is included in the biennial report, is self-explanatory.

Miss Margaret M. Ryan, formerly of the Buffalo State Hospital, Buffalo, N. Y., is Superintendent of Nurses, and actively in charge of the new Receiving Hospital. Her several years of institutional experience, with the resultant special knowledge and information gained, have been of marked value in improving the work of the nursing staff in the Receiving Hospital. Miss Ryan's time is devoted to the superintending of the nursing work and the preparation of sick diet. The matter of preparing special diet is a source of great satisfaction in the treatment of the sick, and this duty receives the same careful and skillful attention that is given to other features of the treatment of the sick. Miss Ryan's pleasant personality, excellent executive ability and general qualifications as a trained nurse and expert dietician, has afforded the Institution a valuable acquisition to its medical force.

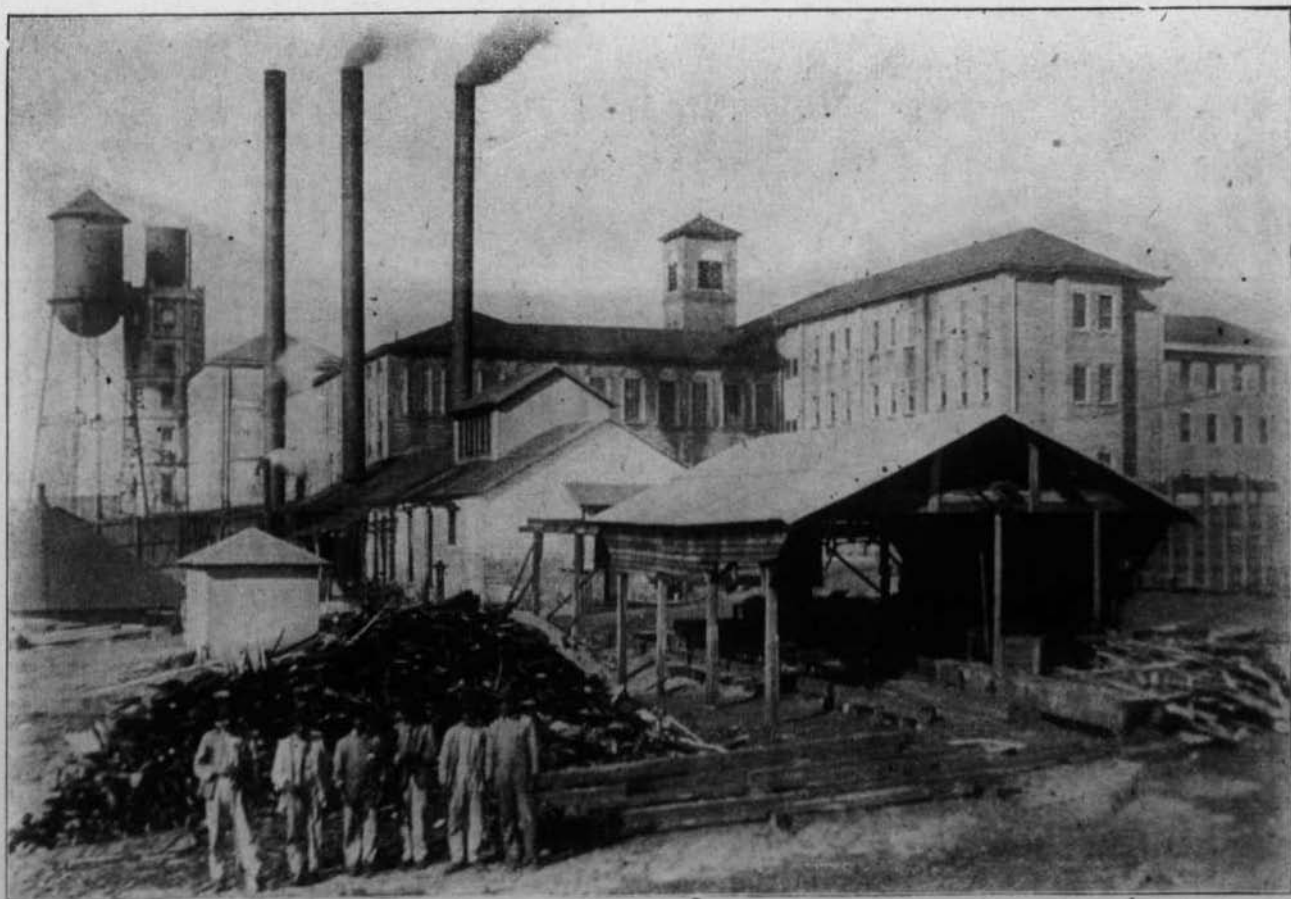
Miss Isabelle Pace is the Secretary for the medical department. In this department all correspondence of a medical nature is disposed of in a prompt, neat and orderly manner. Statistics are kept for the information of the governing powers, and this information is regularly submitted in the form of a monthly report. Copies of all correspondence are filed for reference and case histories of patients are entered from time to time. Miss Pace has been faithful in the performance of her duties and is efficient. The correspondence of the medical department, together with the duty of entering copies of commitment papers, removing names of those who have died or been discharged, and the other routine duties of the secretary of the medical department, have now reached the point where it is all that one person can do to keep up with these

duties. The statistical information of the medical department of a great Hospital is inadequate without complete case histories of each and every patient admitted to the hospital, and under present conditions, through lack of clerical assistance, this cannot be done. The services of an additional stenographer in the medical department are urgently needed, and until such services are provided the records can not be properly kept. The keeping of these records is of vital importance for many reasons, among them the necessity of recording valuable information for the guidance of those who may in the future be in charge of the medical work of the Institution.

Mr. B. F. Bache is the hospital pharmacist. His services are coupled with ability of a rare quality and have enabled the medical department to almost completely avoid the purchase of proprietary or ready manufactured prescriptions. Crude drugs of known standard and potency are widely used, and as a consequence the patients who are sick derive the benefit of more efficacious remedies and the Hospital is afforded a distinct economy in the operation of its pharmacy. Mr. Bache has responded promptly and pleasantly to all calls at any hour of the day or night, which promptness in response has resulted in valuable assistance in the frequent disposition of emergency cases.

The practice of vaccinating all new employees and all admitted patients against smallpox has rendered the population of the Hospital immune from the acquisition of this loathsome disease, since the occurrence of seventeen cases in the early months of 1911.

One case of epidemic meningitis, commonly known as "spotted fever," occurred in the colored men's department during the period. Prompt means were adopted to prevent its spread and no additional cases developed. This highly contagious disease, when appearing in a thickly populated community or a crowded hospital, is a source of extreme danger, and the prompt control of this epi-



SAWMILL

POWER HOUSE

demio of a most terrible disease was extremely fortunate. We are indebted to Dr. H. Hanson, Senior Bacteriologist of the Florida State Board of Health, for his prompt response to the emergency of this occasion, and his advice in its diagnosis, treatment and epidemiological features.

An occasional case of diphtheria has appeared, but without fatal results. Our nurses and attendants, traveling as they do to all parts of the State for the purpose of bringing patients to the Institution, are prone to carry infections of a contagious nature, and the practical absence of epidemic diseases during the period has been somewhat remarkable.

The new Receiving Hospital is now in operation and affords a means of centralizing the care of the sick and acutely insane. The erection of this building fulfilled a long existing need in the Institution. The department is equipped with a modern and up-to-date operating room, furnished with complete surgical and operating equipment. Each department has a small, but useful, hydrotherapeutic plant installed. Owing to a still existing defect in the operation of the hot water system, which we hope to have remedied at a not far distant date, the use of this valuable adjunct in treatment has been hampered to an almost complete degree. The Receiving Hospital, while satisfactory so far as its plan and equipment is concerned, has proved to be somewhat of a disappointment, owing to numerous defects in construction. Plastered walls have cracked and checked throughout the building; improperly seasoned lumber has shrunk and warped; doors fit improperly; the roof is leaking and needs additional support underneath; and, in general, there is a matter of repair work to the extent of not less than \$500 that should be attended to at once in this department.

We are making an effort to reduce the amount of mechanical restraint among our patients. No padded cells, straight jackets or camisoles are to be found in the Institution. Our more recently constructed structures have

been built with the special intention of making them comfortable and homelike, and all reminders of the custodial nature of the treatment, such as iron bars, restraining devices, etc., have been replaced, so far as is consistent with safety, with screens and other suitable protective devices.

A modern Tuberculosis Hospital is now under construction. This building will accommodate all white tubercular patients. It is to be built with a marbleoid flooring throughout, and Keen's cement on metal lathing for walls and ceilings, over which will be placed a suitable coating of white water-proofed enameling. Open wards and abundance of light and air, avoidance of foul air pockets and the accumulation of dust are the principal features. The building plan was selected after a careful study of the different types of tuberculosis hospitals in use elsewhere, and upon completion the Tuberculosis Hospital of the Florida Hospital for the Insane will be equal, in point of scientific construction and operating efficiency, to any to be found in America. During the biennial period 44 cases of tuberculosis have terminated fatally. This reveals the rather startling intelligence that over 7 per cent of all deaths was caused by this disease.

An appropriation is urgently needed for the early construction of a laboratory building. The position of pathologist was made vacant during the period, for the reason that it was deemed inadvisable to expend money for a pathologist whose work, on account of lack of equipment and floor space, was limited to simple diagnostic tests that have since been carried out by the medical staff. With the construction of a well-planned laboratory building, we will be enabled, with the services of a competent pathologist, to carry out those more delicate and complex diagnostic tests that are necessary and indispensable in the proper conduct of a medical case. The scope of this work includes scientific investigation for the determination of the presence of syphilis and other blood disease, and the manufacture of autogenous vaccines. No institution can

- be considered complete without a laboratory of ample equipment. No diagnosis is complete without specimens from the individual case, when necessary, having first been submitted to the laboratory director for his careful survey and analysis, and often from these specimens and from no other source can there be manufactured the serums and vaccines vitally necessary to effect a cure. Under present conditions it is necessary to call upon the relatives of patients for sums of not less than \$5.00 for the purpose of sending blood specimens away to determine the presence or absence of syphilis. Syphilis, next to alcoholism, is the principal cause of insanity, and it is important to determine the presence or absence of this disease in each individual case. It is somewhat of a reflection upon the medical service of this Hospital not to be in position to carry out laboratory investigations of this kind.

Many patients in the Hospital, from time to time, have diseases that are communicable from one person to another, among which may be named syphilis and tuberculosis, which occupy a leading position among the principal cause of insanity. The practice of using common drinking cups should be abolished and drinking fountains substituted. To install them in the Hospital throughout would necessitate the elevation of our drinking water tank from its present two-story height to an elevation slightly in excess of that of the top floors in our three-story buildings. Much expense in the care of the sick can and has been attributed to this cause, and in at least one instance death has occurred from exhaustion following a communicable mouth disease. In this connection it may be stated that the matter of cooling the water is a problem to be considered, and inasmuch as there is a tank drinking fountain, which has provision for icing the water, it might be advisable to contemplate the installation of this particular apparatus instead of installing the drinking fountains on the spring water line and thus avoid the neces-

sity of elevating the drinking water tank, as above outlined.

In keeping with the present idea that all public buildings, hotels and otherwise should be protected against the admission of flies, mosquitoes and other insects, it is held that such procedure in the Florida Hospital for the Insane would not only afford additional protection to the health of the patients and employees but would eliminate much discomfort and serve as an object lesson in modern sanitation on the part of the State of Florida and the practice would be in keeping with certain elements made compulsory by the law, and practiced by the advice of the State Board of Health.

The means of the disposition of garbage, while improved upon materially in the last few years, is yet unsatisfactory, and it is advised by the medical department that all garbage be disposed of in metal containers, covers all accurately fitting, and said containers to be put at different places around the Institution in small flyproof structures. The disposition of these waste products is carried out by patient labor, and it has been impossible to avoid the soiling of the exterior of the barrels now in use and the ground surrounding same, which escape of waste products affords food for flies and a means of their further propagation. The present dairy barn was erected some twenty years ago, and at that time was no doubt in keeping with advanced ideas along the lines of dairy barn operation. It may be stated that the dairy barn, as now operated, from a purely sanitary viewpoint, is in such condition, generally, that it would be immediately suppressed in any municipality by any health officer having legal control over such institutions.

The Hospital is now in possession of a small, compact, but inadequate X-ray equipment. An appropriation of \$1,500 is desired for the purchase of a new equipment, the present X-ray to be applied as a part of the purchase price, and including, in addition to the coil proper, a



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supply of X-ray tubes, tube holder, lead glass screen for the protection of the operator, skiagraph table, and other necessary equipment. It may be mentioned, in passing, that in view of the plan to change from direct to alternating in our electric plant, that the present X-ray equipment, which is for direct current only, will not longer be available for use. If purchased, an X-ray coil would afford a means of treating cases of fractured bones, the treatment of which is regarded as entirely inadequate, unscientific and unsatisfactory in the absence of X-ray examination. Likewise, certain other conditions, for instance, skin cancer, are without doubt curable with the application of X-ray.

With the provision of a new and modern Receiving Hospital, a Hospital for Tuberculars, additional X-ray equipment and a well-equipped laboratory building, ample provision will have been made for the care of the acutely insane, the sick and surgical cases among the white population of the Hospital. At present the treatment of the more chronic classes is purely custodial. It has been found in institutions elsewhere that the introduction of industrial and re-educational pursuits among the chronically insane has resulted in a surprising number of recoveries and improvement to a sufficient degree to warrant the discharge of a patient and enable him to return to his family and the ranks of the bread winner. This form of treatment is regarded as the best single therapeutic agent in the treatment of the insane. The industrial-re-educational pursuits for insane people not only affords recoveries, where recoveries otherwise seem impossible, but they afford a distinct economy in the operation of an Institution. The practice of manufacturing hats, certain parts of shoes, mats, carpets, rugs, mattresses, wearing apparel, tinware and many other industries, has been found entirely satisfactory. The farmers in the vicinity of the Hospital would no doubt respond to an invitation to grow commodities suitable for canning. The purchase of

equipment for this pursuit would be a comparatively insignificant matter.

Along the lines of re-educational effort it has been deemed advisable in the care and treatment of the chronically insane to afford recreation and amusement for them. On account of the isolated position of the Florida Hospital for the Insane it is practically impossible to secure the services of traveling theatrical troupes, and the regular presentation of amateur theatricals has been found to be practically impossible, owing to the lack of available performers and the time required for proper preparation. We are gratified to know of the provision of a moving picture equipment, which will fill a long existing need and will afford the patient who has been for sometime in the Institution a means of keeping abreast with the progress and current events in the outside world and will cause him to realize that after all he is not completely removed from his former and normal environment. It has been found advisable to furnish patients with additional kinds of recreation in the way of pool tables, dominoes, checkers and cards, and for the ladies lawn croquet and musical instruments of different kinds. While some of this is being done in this Institution in a feeble way, there is room for numerous additions along these lines. The provision of several kinds of amusement would be comparatively inexpensive and would enable the patient otherwise unoccupied to spend his time more pleasantly and give him less opportunity for self analysis and the further intensification of his morbid mental thought.

In the past the attitude of mankind toward the insane has been that this most unfortunate class of all human beings should be regarded as objects of repulsion. Of late, those who have worked in an official capacity among the insane, has been inspired by the ever increasing sentiment upon the part of the public at large to the effect that the insane man is no longer to be regarded as an object of repulsion, but that he is sick with insanity, a disease,

just as one is sick from any other disease, and that he is entitled to all the kind and generous care that an enlightened and charitably disposed public can give him, and to all the aid that medical science can summons. Insanity is by no means a penal offense, and while we feel that for the protection of all persons interested, a certain amount of court procedure is necessary, the fact remains that very often patients realize that mental breakdown is approaching and further realize the necessity for early treatment in a well conducted hospital for the insane. It is an accepted fact that the prospects for recovery are much greater in the early incipency of insanity than they are in the more chronic manifestations of the disease. It is not infrequent that patients themselves request voluntary admission to the Institution, but under present conditions such requests cannot be granted, and the matter has to go through the usual procedure of the courts, with its consequent delays, and this usually terminates in the temporary incarceration of the patient in a county jail, midst bolts and bars and a criminal atmosphere, and surroundings in general that he is not entitled to, and these conditions often cause the further intensification of mental symptoms in an individual who is almost invariably suspicious of the attitude of those around him. Surely there is not a sentiment throughout the State favoring the practice of treating the insane as criminals, and it would appear that each and every county is fully able to provide temporary care, in pleasant home-like quarters, outside of a jail plant, for those who are subjected to the regular commitment procedure, pending the arrival of our attendant for the purpose of transporting the patient to the State Hospital for the Insane. In the case of those who request voluntary admission legal or statutory provision should be made for their reception after due examination by the medical staff of the Hospital and permission from the Superintendent. By the adoption of a practice of this kind a patient can be admitted volun-

tarily without the loss of time incident to court procedure and with a distinct saving to the State in the matter of court costs and transportation of patient and attendant. It has been found that by encouraging this practice people have been less inclined to regard insanity in the light of a disgrace and have responded more promptly and willingly to the custom of entering a hospital for the insane early. The committed class of patients, when realizing that others have entered the Institution voluntarily and without coercion of any kind, with the evident purpose and expectancy of regaining mental health, are inclined to look with less suspicion upon the attitude of those who have been responsible for their commitment and to feel that they have a prospect of regaining mental health, and that their commitment to the Hospital has been for the purpose of assisting them rather than to persecute and punish them. For information, suffice it to say that the usual practice of admitting voluntary patients is to receive them after due examination by the medical staff and permission of the Superintendent, and to subject them to the same surroundings that the committed patients are subjected to, and in the event of increasing mental confusion to the degree of irresponsibility and the possible demand for release upon the part of the voluntarily admitted patient, the Superintendent of the Hospital is authorized by law to detain such patient for a period of not longer than thirty days, during which time, if improvement fails to occur and the demand for release is persisted in, steps may be taken to regularly commit the patient under due process for his own protection and for the protection of those with whom he might come in contact, and be a source of danger to if allowed to leave the Institution confused, excited and unimproved.

The State of Florida, with its mild and salubrious climate, boundless tracts of uncultivated land, unlimited natural resources, and a constant invitation upon the part of our population for people elsewhere to become citizens

of our State, has drawn, in addition to the stable and useful class of immigrants, which we so highly prize, a vast majority of undesirable individuals, who often, after just a few days' residence in the State, become insane and are committed to the hospital as insane. Many of these people are habitual inmates of insane asylums elsewhere and are insane at the time of entrance to the State. It has been our experience that most of these people, from the very hour of admission, are regarded as chronically insane, and in view of the fact that the average life of an insane person is several years, the State is confronted with the necessity of spending several thousand dollars upon a person, who, by virtue of non-citizenship, has thrust himself upon us with no just claim for the extension of such care, maintenance and treatment. It is advisable, therefore, to adopt the practice that has been adopted in other States, notably the State of New York, viz: a law providing for the deportation, at the expense of the State of Florida, all undesirable non-residents, not subject to deportation at the hands of the Federal authorities. The expense of a few months' maintenance in the Florida Hospital for the Insane will more often than not offset the expense of returning a patient to his regular place of abode, and there placing him in the custody of the sheriff of his home county for such disposition as the officials of that county may deem fit and proper. We have records of patients who have been deported from other States to Florida, and the adoption of a deportation law by Florida would be no innovation.

In quite a few instances in the past the responsibility of caring for insane criminals has rested upon the officials of this Institution. The number of patients is always quite insignificant, and the means entirely inadequate for the proper custodial care and treatment of this particular class. It would seem inadvisable to attempt to build a strong and suitable structure for the care of these few criminals, and in view of the recent beginning of the

erection of a State Penitentiary it would seem advisable to provide for the care and treatment of these patients in the hospital department of the Penitentiary, with the State prison physician privileged to call upon the medical staff of the Hospital for the Insane for consultation in reference to the care of these people.

The population in the white women's department has now increased to a degree that demands the early erection of an additional wing for this department. This can be added to the present white women's structure at an expense not to exceed \$20,000.00. The Tuberculosis Hospital is being constructed 200 feet west of the Receiving Hospital, and in the space intervening it is planned to erect the Laboratory Building, if the appropriation for same is authorized. The residence which is now being occupied by Dr. Smith is in close proximity to these sites, and aside from obstructing the front view of the Institution, it will be a source of danger to himself and family to live practically under the eaves of a laboratory and a building housing consumptives. The cottage is now in a very poor state of repair, and as a living quarter for a member of the medical staff is not in keeping with the dignity of the position. This cottage should be removed and a more suitable one erected elsewhere on the Hospital property.

The improvements above outlined, in reference to the Receiving Hospital and the Tuberculosis Hospital, have been in reference to the white population of the Institution. It would appear that if the State undertakes the duty of caring for all insane classes, both white and colored, that there should be no distinction in the provision of equipment for carrying out this work. The death rate for tuberculosis during the last biennial period was 20 per cent in the colored men's department. Under present conditions the tuberculars are in constant contact with the non-tuberculars, with the result that tuberculosis has developed among patients who are thought not to have had

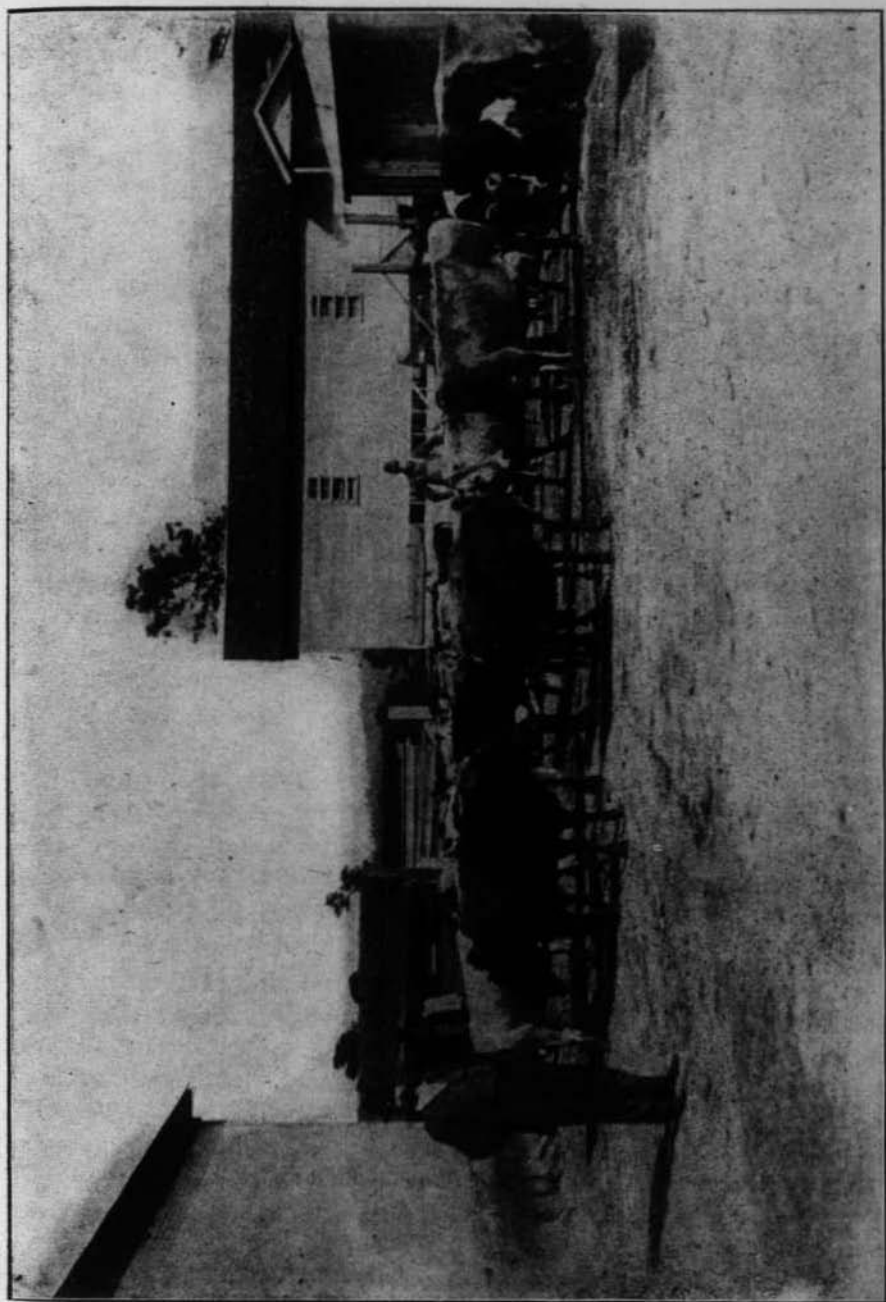
the disease upon admission to the Institution. An appropriation, not to exceed \$8,000.00, would provide amply for the tuberculosis patients among the colored population of the Hospital. Likewise, it is thought that these people should be entitled to a Receiving Hospital for colored men and colored women patients under one roof, just as in the case in the Receiving Hospital, now in operation. The structure need not be an elaborate one, and can be built as cheaply as the ordinary dormitory wards that will soon be needed, can be constructed for. The colored men and colored women's departments are even now practically filled up and the erection of a new Receiving Hospital for these people would make it possible to avoid the construction of additional wards for them in the near future.

In this connection your attention is respectfully and urgently invited to the fact that during the past few years several of our attendants, who having come in contact with cases of consumption in the Hospital, have contracted the disease, and in several instances have died. In each instance their services and connection with the Hospital have been abruptly terminated as soon as the diagnosis of tuberculosis was established. It would appear that after one has given the Institution good and faithful services as an attendant, at a meager rate of compensation, and while rendering such service contracts a disease that is usually fatal in the absence of adequate sanatorium treatment, that the State of Florida could and should provide at least maintenance and treatment for these people should they prefer to remain for same, instead of continuing the present practice of immediately discharging them and sending them from the Institution into their homes where possible, through lack of special attention along these lines, they are unable to properly care for themselves, and as a result rapidly decline and die, and, incidentally, spread the disease. The medical staff of this Hospital is perfectly willing to undertake the care and

treatment of all employees of the Institution in the Tuberculosis Hospital who may contract the disease while employees here, should they elect to remain and subject themselves to the rules and regulations of this department.

The Florida Hospital for the Insane is primarily a Medical Institution which undertakes the care of thirteen hundred and sixty-five patients. This work is now being carried out by three physicians, a pharmacist, one trained nurse, and a secretary. In addition to this we have the usual quota of attendants and employees, who are untrained. An effort has been made to give these people weekly lectures upon some of the common elements of nursing and caring for the insane. The time required to give a full course of instruction, with one lecture a week, is so great that the results in the end will be extremely doubtful. It would appear that the attempt to carry out a work of such wide scope and variety, with so little trained and skilled assistance, is a hopeless task, as compared with the status of the operation of Institutions elsewhere. It has been invariably so that the public of a State is always ready, willing and waiting to thoroughly endorse and support any means whereby the amount of insanity can be reduced among them. Twenty years ago there was one insane person in each 400 sane persons throughout the civilized world. Today the number is placed at one insane person to each three hundred sane persons throughout the civilized world.

The annual cost of the care and maintenance of the insane at the different institutions is in excess of any annual construction cost of the Panama Canal. There are more insane people in the institutions of the United States than there are students in all of the colleges and universities of the country. There are more insane people in the institutions of the United States than there are, including all the officers and enlisted men, in the army, navy and marine corps. Only 85 per cent of the insane are in custody. From a purely financial viewpoint, therefore, it



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behooves any State to exert itself to its fullest financial ability in an effort to effect early cures among the insane, for the reason that it is unquestionably true that the early case of insanity is more likely to recover than if allowed to go for a time untreated. I desire to state most earnestly that three doctors, a pharmacist and a trained nurse can not possibly, even if they work twenty-four hours in each and every day, give the patients in the Florida Hospital for the Insane the treatment that is due them. This Hospital needs more trained nurses and more skilled assistance everywhere, in so far as the medical department is concerned. Not less than two additional department physicians are needed and a laboratory director, as above stated, is a necessity, in order that the existing position of pathologist can be filled upon completion of this building.

If industrial re-educational pursuits are instituted here, and certainly the failure to institute such therapeutic means will be a grave oversight just at this time, additional assistance will be needed to carry out this work to the extent of possibly four people who have had special training. It appears to be somewhat peculiar to attempt the conduct of six hospital wards, wherein are kept patients who are sick, and not have a trained nurse directing the work of these wards. One trained nurse, as we now have, is not in any wise capable of coping with the situation, and in attempting to do so her effort at times results in the patient being subjected to improperly applied hot packs, baths, etc., which do more harm than good. In this connection it is significant to note that three deaths from accidental burns have occurred during the biennial period.

In the colored departments there is no supervision of the work by a trained nurse, and we are aware of the fact that illness is often rendered more acute and the condition of the patient more grave by ignorant nursing methods. While the addition of trained nurses for each of

these departments would add considerable expense to the monthly payroll, there would also be a resultant saving in the matter of economizing inward expenses and reducing the amount of sickness and the expense incident thereto in individual cases. To supply this long-felt need it would be necessary to employ not less than twelve nurses, and even with their services it would be necessary to supplement their effort with the attendant service that is now attempting to carry out this work.

This leads further to the proposition of housing and providing comfortable living quarters for these people in the event they are engaged. As outlined in the previous biennial report, it is thought that to insure permanency of service a substantial Nurses' Home should be erected, wherein the individual could have private and pleasant home surroundings and be free from the monotony of ward life, as is now the case. At present practically all of the attendants are being housed on the different wards and dormitories throughout the Institution, and their removal into special quarters would again eliminate the early construction or dormitory buildings.

There has been no addition to the Visiting Staff of the Hospital, the names of these gentlemen appearing in this report. The gratuitous services of these specialists continues to be a valuable asset to the personnel of our medical work here. Much good has been accomplished as a result of the visits from the members of the visiting staff, who come some considerable distance without pay and at a distinct financial loss to themselves.

In keeping with the policy to acquaint the medical profession, as well as the public of the State, with the condition of the Hospital, The Gadsden-Leon County Medical Society held a meeting at the Hospital during the period. Physicians from a number of counties were present and were given the opportunity of thoroughly inspecting the Institution and its equipment.

Under the present arrangement the chief physician is

attempting to carry out the routine work of the colored male department, together with the administrative work of the medical department, and as a consequence these duties are being fulfilled in a manner that in no wise approaches the ideal. The writer trusts that these rather earnest statements will not be regarded in any way as criticisms but as recommendations, pure and simple.

In conclusion, I desire to express to the members of the medical staff, and all other attaches of the medical department proper, my highest sense of appreciation for their continuous co-operation during the period. To the Superintendent and members of the administrative department of the Hospital I desire, likewise, to express my appreciation for continuance of our harmonious relationship and pleasant social intercourse. In concluding my sixth year of service, I feel gratified in looking over the period covered by that number of years and the improvements occurring during that time and prior thereto, they having been satisfactory to a high degree. There yet remains much to be done in the way of improvement and development. One of the first lessons to be learned in hospital affairs is that improvements to work well must of necessity work slowly, and while we are inclined to be more or less impatient at times over the failure to have enacted certain innovations, the fact remains that improvements of this kind, requiring as they do so much painstaking and careful consideration, cannot occur within a day.

Having spent over one-tenth of what would be ordinarily considered a long life among the insane, the writer does not feel that the time or effort has been in vain, but that this service, rendered by himself and colleagues, while inherently repulsive and distasteful, is being devoted to the cause of the most unfortunate of all humans, and the realization of this dedication of a life's effort by the members of the medical staff of the Florida Hospital for the Insane has brought about a condition of rare men-

tal contentment in surroundings which as human events occur might be termed morbid.

With assurances of high personal esteem, I have the honor to be, and beg to remain,

Very respectfully yours,

RALPH N. GREENE,

Chief Physician.

March 9, 1915.

TABLE No. 1A

Abstract of Invoices approved in the Office of the Superintendent for 1913.

Note—The following table shows dates of approval of Invoices, and not the date when same were paid by the Comptroller.

INVOICES PAYABLE FROM APPROPRIATION FOR MAINTENANCE

PURPOSE FOR WHICH EXPENDED	January.	February.	March.	April.	May.	June.	July.	August.	September	October.	November.	December.	Totals.
Groceries	\$ 5,111.84	\$ 4,380.98	\$ 4,419.62	\$ 4,532.00	\$ 4,926.08	\$ 5,152.86	\$ 5,207.77	\$ 5,312.90	\$ 5,793.68	\$ 5,403.73	\$ 6,156.81	\$ 6,740.03	\$ 63,138.30
Dry Goods and Clothing		30.60	4,826.51	1,759.35	1,051.58		52.56		224.03	7,783.92	2,850.93	908.39	19,487.87
Repairs and Renewals	3,606.34	2,715.63	3,677.53	4,223.71	2,982.68	3,722.32	1,911.55	4,010.22	5,799.48	6,930.30	2,714.31	2,309.87	44,603.94
Drugs and Drug Sundries	240.63	269.24	175.19	410.82	146.01	170.17	134.03	373.32	155.39	323.89	431.17	346.90	3,176.76
Transportation	553.60	1,035.53	675.36	1,125.68	616.30	790.44	768.82	763.25	950.45	795.01	951.55	601.52	9,627.51
Pay Roll	5,140.41	5,115.82	5,233.18	5,313.39	5,406.98	5,445.68	5,372.91	5,500.79	5,419.35	5,260.63	5,337.41	5,401.48	63,948.03
Farm	93.38	108.72	55.85						58.48			36.34	352.77
Expense of Members of Medical Visiting Staff	44.40	16.75		25.00		15.00				18.45			119.60
Real Estate Purchased										995.00	2,000.00		2,995.00
Receiving Hospital					15.00								15.00
Totals	\$ 14,790.60	\$ 13,673.27	\$ 19,063.24	\$ 17,389.95	\$ 15,144.63	\$ 15,296.47	\$ 13,447.64	\$ 15,960.48	\$ 18,400.86	\$ 27,510.93	\$ 20,442.18	\$ 16,344.53	\$ 207,464.78

TABLE No 1A. 1913—(Continued)

INVOICES PAYABLE FROM APPROPRIATION FOR IMPROVEMENTS AND REPAIRS

PURPOSE FOR WHICH EXPENDED	January.	February.	March.	April.	May.	June.	July.	August.	September	October.	November	December	Totals.
Colored Male Building	\$ 3,460.92	\$ 4,556.41	\$ 2,539.66	\$ 1,348.61	\$ 3,350.76	\$ 1,536.31	\$ 1,248.64	\$ 1,588.08	\$ 367.26	\$ 1,825.68	\$ 2,513.35	\$ 1,544.11	\$ 25,879.79
Renovating Old White Female Building	238.60	10.90	402.66	492.58	213.70		400.41	243.82	508.98	330.45	332.64	855.00	4,029.74
Receiving Hospital	5,100.00	6,859.00	12,000.00	3,350.00	6,313.00	3,500.00	7,000.68						44,122.68
Bungalow (for Physician)										549.68	708.77		1,258.45
Sundry Repairs		292.04	55.47	103.35	140.85	350.99	443.45		687.74	355.23	172.06		2,601.18
Building Kitchen to Superintendent's Home									207.35	32.75			240.10
Repairing Dining Room					131.35	112.70							244.05
Repairing Commissary				49.46	96.94								146.40
Summer Houses (2)									228.67	69.25			297.92
Repairing Cottages (3)				6.00	80.74								86.74
Totals	\$ 8,799.52	\$ 11,718.35	\$ 14,997.79	\$ 5,350.00	\$ 10,327.34	\$ 5,500.00	\$ 9,093.18	\$ 1,831.90	\$ 2,000.00	\$ 3,163.04	\$ 3,726.82	\$ 2,399.11	\$ 78,907.05

TABLE No. 1B

Abstract of Invoices approved in the Office of the Superintendent for 1914.

Note—The following table shows dates of approval of invoices, and not the date when same were paid by the Comptroller.

INVOICES PAYABLE FROM APPROPRIATION FOR MAINTENANCE

PURPOSE FOR WHICH EXPENDED	January.	February	March.	April.	May.	June.	July.	August.	September	October.	November	December.	Totals.
Groceries	\$ 5,560.54	\$ 5,521.09	\$ 5,905.73	\$ 5,677.27	\$ 5,781.53	\$ 5,828.37	\$ 6,137.35	\$ 5,935.49	\$ 6,779.87	\$ 6,569.21	\$ 6,553.89	\$ 6,896.36	\$ 73,146.70
Dry Goods and Clothing	306.11		1,050.16	5,824.88	1,221.77	472.17			2,157.32	7,127.50	127.60	35.00	18,322.51
Repairs and Renewals	3,952.67	3,685.03	3,917.89	3,905.89	4,963.91	3,365.91	2,614.30	2,615.02	3,926.21	5,041.33	2,975.40	3,874.03	44,837.59
Drugs and Drug Sundries	149.47	187.57	300.23	353.65	415.75	307.07	392.79	525.46	188.59	334.74	294.76	510.01	3,960.09
Transportation	891.03	811.10	935.76	661.40	1,003.96	1,163.04	1,074.63	1,217.13	575.91	830.37	849.55	1,043.58	11,057.46
Pay Roll	5,423.98	5,400.80	5,346.64	5,393.21	5,446.04	5,836.65	6,146.29	6,222.83	6,359.60	6,303.04	6,124.02	6,330.19	70,333.29
Farm		153.67		34.48				77.60	4.50				270.25
Expense of Members of Medical Visiting Staff		50.00		18.40	43.40			25.00				17.15	153.95
T. B. Hospital												135.00	135.00
Totals	\$ 16,283.80	\$ 15,809.26	\$ 17,456.41	\$ 21,869.18	\$ 18,876.36	\$ 16,973.21	\$ 16,365.36	\$ 16,593.53	\$ 20,017.00	\$ 26,206.19	\$ 16,925.22	\$ 18,841.32	\$ 222,216.84

TABLE No. 1B, 1914 —(Continued)

INVOICES PAYABLE FROM APPROPRIATION FOR IMPROVEMENTS AND REPAIRS

PURPOSE FOR WHICH EXPENDED	January.	February.	March.	April.	May.	June.	July.	August.	September	October.	November	December.	Totals.
Colored Male Building	\$ 2,500.42	\$ 904.75	\$ 694.47		\$ 995.03								\$ 5,094.67
Receiving Hospital			4,712.15		235.60								4,947.75
Renovating Old White Female Building		369.58	1,594.37		629.61		217.84						2,811.40
Sundry Repairs	1,102.83				375.36		282.16						1,760.35
Bungalow (for Physician)		305.17											305.17
Totals	\$ 3,603.25	\$ 1,579.50	\$ 7,000.99		\$ 2,235.60		\$ 500.00						\$ 14,919.34

TABLE No. 3

Articles Made in the Sewing Room During the Years 1913-1914

This does not include work done by patients on the wards, nor repairing, all of which is done by patients.

	1913.	1914.	Total.
Sheets	4,353	6,010	10,369
Towels	3,313	2,641	5,954
Table Cloths	347	562	909
Bed Ticks	538	111	649
Pillow Ticks	359	254	613
Pillow Cases	2,687	3,145	5,832
Laundry Bags	76	73	149
Aprons	203	318	526
Curtains (window, etc.)	176	516	692
Shrouds	92	182	274
Dresses	2,165	2,952	5,117
Underskirts	755	650	1,405
Ladies' Drawers	574	320	894
Chemises	982	1,583	2,565
Gowns	1,203	2,207	3,410
Flannel Skirts	163	99	262
Shirts	2,373	2,371	4,744
Night Shirts	1,979	2,678	4,657
Men's Drawers	1,651	1,083	2,734
Union Suits	148	.....	148
Boys' Blouses .....	.....	12	12
Boys' Pants .....	.....	6	6
Baby Dresses .....	.....	6	6
Baby Coats .....	.....	2	2
Baby Skirts .....	.....	10	10
Baby Gowns .....	.....	4	4
Candy Bags	826	1,000	1,826
Coffee Bags	10	.....	10
Bath Cloths .....	.....	24	24
Table Napkins .....	.....	20	20
Table Pads .....	.....	2	2

TABLE No. 4

Showing Farm and Truck Products During the Years 1913-14

	1913. Bbls.	1914. Bbls.	Total. Bbls.
Turnips	710	410	1,120
Collards	270	60	330
Rutabagas	320	466	786
Cabbage	330	230	560
Squash	87	123	210
	Bush.	Bush.	Bush.
Egg Plant	52	85	147
English Peas	97	36	133
Onions	218	415	633
Carrots	81	28	109
Beets	102	114	216
Radish	15	20	35
Irish Potatoes	171	180	351
Cucumbers	91	55	156
Okra	24	83	107
Snap Beans	85	169	254
Sugar Corn	130	40	170
Field Peas	104	116	220
Tomatoes	102	126	228
Sweet Potatoes	2,056	2,240	4,296
	No.	No.	No.
Cashaw	400	450	850
	Lbs.	Lbs.	Lbs.
Pork	20,230	13,667	33,897
Beef	7,770	4,680	12,350
	Tons.	Tons.	Tons.
Ensilage	330	335	665
Millet	24	43	67
Green Corn	43	15	58
Oats .....	.....	8	8
Cow Lot Manure	593	526	1,119
Barn Yard Manure	160	134	294

TABLE No. 5

Showing Dairy Products Issued During 1913-14

	1913.	1914.	Total.
	Gals.	Gals.	Gals.
Milk	29,240	27,375	56,615
Buttermilk	2,555	1,825	4,380
	Lbs.	Lbs.	Lbs.
Butter	4,380	4,010	8,390

Number of Cows in Hospital Herd

Milch Cows	51
Calves	8
Heifers	14
Bulls	1
Oxen	2
Total	76

TABLE No. 6

Showing Number of Loads Hauled With Hospital Teams During 1913-14

	1913.	1914.	Total.
	Loads.	Loads.	Loads.
Coal	6,952	6,874	13,826
Miscellaneous Loads	2,728	2,144	4,872
Merchandise from Hospital Spur	589	432	1,021
Merchandise from River Junction	173	230	403
Brick	63	23	86
Sand	362	67	429
Wood	420	174	594
Straw	246	170	416
Logs	1,476	1,517	2,993

Mules on hand January 1, 1915.....	17
Horses on hand January 1, 1915.....	3

TABLE No. 7

Showing Number Resident, Admitted, Total Number Treated, Monthly Per Capita Expense, Number and Percentage of Deaths and Recoveries Each Year Since 1893.

Year.	Resident at Beginning of Year.	Admitted During the Year.	Total Number Treated During the Year.	Per Capita Expense of Average Monthly Population.	Number Recovered.	Percentage of Recoveries of Total Number Treated.	Number of Deaths.	Percentage of Deaths.
1893	272	106	378	\$....	23	6.09	59	15.60
1894	275	132	407	9.98	34	8.32	29	7.12
1895	305	.....	365	11.48	32	8.76	39	10.68
1896	283	171	459	10.81	39	8.49	35	7.67
1897	373	175	548	9.37	39	7.11	51	9.30
1898	443	230	673	8.72	70	10.43	92	13.67
1899	491	221	712	11.20	65	9.26	69	9.83
1900	561	219	780	9.36	59	7.57	94	12.05
1901	601	274	875	9.19	87	10.00	118	13.49
1902	640	286	926	9.37	108	11.66	102	11.00
1903	697	237	934	9.77	89	8.56	104	11.11
1904	734	305	1,039	9.60	125	12.30	146	14.05
1905	710	248	958	10.03	131	13.67	99	10.33
1906	695	254	952	11.89	97	10.18	97	10.18
1907	717	318	1,035	15.61	112	10.82	134	12.94
1908	730	298	1,028	13.72	88	8.56	119	11.57
1909	793	335	1,128	12.75	104	9.22	108	9.57
1910	880	329	1,209	14.61	97	8.18	119	9.84
1911	929	443	1,372	13.44	80	5.33	97	7.06
1912	1,112	381	1,493	14.10	97	6.49	182	12.12
1913	1,107	490	1,597	14.85	147	9.20	135	8.45
1914	1,201	590	1,791	14.74	131	7.92	200	11.11

TABLE No. 8

Showing Dental Work Done During the Years 1913-14 by Resident Dentist

Number of Teeth Extracted.....	1,686
Number of Teeth Treated.....	535
Number of Cavities Filled.....	177
Number of Sets of Teeth Cleaned.....	166
Number of Abscesses Lanced.....	153
Number of Gums Treated.....	135
Number of Sore Mouths Treated.....	8
Number of Gold Bridges Repaired.....	3
Number of Gold Crowns Reset.....	0

TABLE No. 9

Showing the Movement of Population During the Year 1913

	White		Col.		
	Men.	Women.	Men.	Women.	Total.
Present Jan. 1, 1913.....	326	281	290	210	1,107
Admitted during the year.....	148	114	122	106	490
On furlough Jan. 1, 1913.....	28	23	11	8	70
Total to be accounted for..	502	418	423	324	1,667
Discharged from the Hospital					
as restored	66	23	45	13	147
As improved and harmless....	27	13	7	3	50
Transferred to other Hospitals.	3	0	0	0	3
While on furlough.....	2	2	0	0	4
Died in Hospital.....	30	26	43	36	135
Died while on furlough.....	2	1	1	0	4
Eloped	0	0	3	0	3
Returned from furlough on new					
commitment	1	0	0	1	2
On furlough Dec. 31, 1913.....	35	40	24	19	118
Total discharged, died,					
eloped and on furlough..	166	105	123	72	466
Present Jan. 1, 1914.....	336	313	300	252	1,201
On furlough Jan. 1, 1914.....	35	40	24	19	118
Total on roll Jan. 1, 1914..	371	353	324	271	1,319

TABLE No. 10

Showing Movement of Population During the Year 1914

	White Men.	White Women.	Col. Men.	Col. Women.	Total.
Present Jan. 1, 1914.....	336	313	300	252	1,201
Admitted during year.....	189	97	189	115	590
On furlough Jan. 1, 1914.....	35	40	24	19	118
Total to be accounted for..	560	450	513	386	1,909
Discharged from the Hospital as restored	46	20	45	20	131
As improved and harmless....	7	14	13	15	49
As not insane	1	0	0	1	2
Transferred to other States....	7	0	2	2	11
While on furlough	8	9	2	0	19
Died while on furlough.....	0	1	0	0	1
Died en route to Hospital.....	0	0	0	1	1
Died in Hospital.....	54	26	65	55	230
Eloped	2	0	2	1	5
On furlough Dec. 31, 1914	29	50	20	25	154
Total discharged, eloped, died and on furlough....	184	120	149	120	573
Present Jan. 1, 1915.....	376	330	364	266	1,336
On furlough Jan. 1, 1915.....	59	50	20	25	154
Total on roll Jan. 1, 1915..	435	380	384	291	1,490

TABLE No. 11

Showing Number of Residents at First of Each Month

	1913.	1914.
January	1,107	1,201
February	1,115	1,226
March	1,115	1,210
April	1,136	1,223
May	1,148	1,220
June	1,149	1,238
July	1,153	1,264
August	1,185	1,277
September	1,205	1,289
October	1,211	1,291
November	1,218	1,312
December (?)		
	13,959	15,067
Monthly Average.....	1,163+	1,255+

TABLE No. 12

Showing Alleged Cause of Infancy of Patients Admitted During
YEAR 1913

	White Men.	White Women.	Col. Men.	Col. Women.	Total
Alcoholism	24	0	7	2	33
Anemia and Heredity	1	2	0	0	3
Brain Disease	2	0	0	0	2
Brights' Disease	0	1	0	0	1
Congenital	0	8	3	3	14
Child-birth	0	5	0	1	6
Delusions	8	7	2	2	19
Disease of Brain following Apoplexy	0	1	1	1	3
Dissipation and Senility	1	0	0	0	1
Drug Habit	0	1	1	2	4
Domestic Trouble	1	3	0	0	4
Dementia Praecox	0	1	1	0	2
Epilepsy	15	2	9	1	27
Exposure	1	1	0	0	2
Fever, Typhoid	1	0	1	2	4
Fright	1	1	0	0	2
Financial Losses	3	2	0	0	5
Female Trouble	0	5	0	4	9
Head Injury	7	2	5	2	16
Heredity	2	7	3	1	13
Hookworm	1	0	0	0	1
Imbecility	4	4	0	0	8
Idiocy	1	0	0	2	3
Ill Health	8	6	6	8	28
La Grippe	1	0	0	0	1
Masturbation	4	0	0	0	4
Measles	0	0	0	1	1
Mental Worry	0	2	0	3	5
Mental Overwork	4	0	0	1	2
Melancholia	8	3	1	1	13
Morphinism	1	1	0	0	2
Menopause	0	2	0	1	3
Nephritis	1	0	0	1	2
Onanism	0	1	0	0	1
Not Stated	11	8	6	5	30
No Apparent Cause	10	8	2	5	25
Organic Heart Lesion	0	1	0	0	1
Persecution	0	0	5	6	11
Paranoia	2	1	3	0	6
Paresis	6	2	3	2	13
Pellagra	2	4	0	4	10
Post Puerperal	0	0	0	2	2
Recurrent Mania	0	0	0	2	2
Religious Mania	4	6	16	5	31
Senility	7	6	7	6	26
Sunstroke	4	0	0	0	4

TABLE No. 12—(Continued)

Showing Alleged Cause of Insanity of Patients Admitted During
Year 1912

	White Men.	White Women.	Col. Men.	Col. Women.	Total.
Syphilis	5	1	17	6	29
Unknown	0	9	23	23	55
Whooping Cough	0	0	0	1	1
	<hr/> 148	<hr/> 114	<hr/> 122	<hr/> 106	<hr/> 490

TABLE No. 13

Showing Alleged Cause of Insanity of Patients Admitted During
Year 1914

	White Men.	White Women.	Col. Men.	Col. Women.	Total.
Alcoholism	19	2	16	3	40
Anemia	0	0	1	2	3
Arterio Sclerosis	1	0	0	0	1
Brain Disease	0	0	1	0	1
Bad Surroundings	0	0	0	1	1
Brights' Disease	2	0	1	1	4
Congenital	3	1	0	0	4
Child-birth	0	3	0	0	3
Cocainism	1	1	0	0	2
Delusions	8	6	10	5	29
Drug Habit	1	1	0	0	2
Domestic Trouble	1	3	1	1	6
Dementia Praecox	3	1	1	2	7
Epilepsy	13	6	6	3	28
Exposure	0	0	1	0	1
Fits	1	0	0	0	1
Fever, Typhoid	1	2	0	0	3
Fright	0	1	0	0	1
Financial Losses	2	0	0	0	2
Female Trouble	0	5	0	4	9
General Debility	1	0	0	0	1
Head Injury	7	0	5	1	13
Heredity	3	2	2	3	10
Hysteria	0	1	0	2	3
Hemiplegia	2	0	0	0	2
Imbecility	0	4	3	4	11
Idiocy	4	2	3	2	11
Ill Health	3	5	11	6	25
Kleptomania	0	0	1	0	1
Masturbation	5	0	6	0	11
Maniac Depressive Insanity....	1	2	1	0	4
Mental Worry	2	1	0	0	3
Mental Overwork	2	0	0	1	3
Melancholia	7	3	4	5	19
Morphinism	3	2	0	0	5
Menopause	0	2	0	0	2
Meningitis	2	2	0	0	4
Neurasthenia, causing Unbal- anced Circulation	0	1	0	0	1
Nephritis	0	0	2	0	2
Not Stated	5	2	10	8	25
No Apparent Cause	2	1	5	5	13
Nervous Prostration	0	2	0	0	2
Paranoia	3	0	2	0	5
Paresis	6	0	6	1	13
Physical Exhaustion	0	0	0	1	1
Pellagra	6	7	9	11	33
Post Operative	0	1	0	0	1

TABLE No. 13—(Continued)

Showing Alleged Cause of Insanity of Patients Admitted During
Year 1914

	White Men.	White Women.	Col. Men.	Col. Women.	Total.
Persecution	12	5	13	7	37
Post Puerperal	0	3	0	1	4
Recurrent Mania	0	1	0	1	2
Religious Mania	9	4	10	8	31
Scarlet Fever	1	0	0	0	1
Senility	10	5	10	2	27
Syphilis	4	3	25	4	36
Toxemia	0	0	1	0	1
Tuberculosis	0	0	1	0	1
Unknown	33	4	21	20	78
	189	97	189	115	590

TABLE No. 14

Mental Diagnosis of Patients Admitted During the Year 1913

	White		Col.		
	Men.	Women.	Men.	Women.	Total.
Acute Alcoholic Insanity.....	8	0	4	1	13
Congenital Deficiency	6	9	10	8	33
Cerebral Syphilis	0	4	9	1..	14
Climacteric Phychoses	0	1	0	0	1
Chron'c Alcoholic Insanity	7	0	2	0	9
Dementia Praecox	13	21	3	10	47
Epileptic Insanity	14	2	15	2	33
Epileptic Idiocy	4	2	0	1	7
Insanity following Cerebral Hemorrhage	0	1	0	1	2
Insanity following Meningitis.	2	0	0	0	2
Insanity following Nephritis ..	3	2	1	4	10
Insanity due to Diabetes Me- litus	1	0	1	0	2
Insanity due to Malaria	1	0	0	0	1
Maniac Depressive Insanity...	36	19	31	33	119
Melancholia	3	10	5	10	28
Not Classified	2	0	2	0	4
Paretic Dementia	9	0	12	4	25
Post Puerperal Insanity	0	0	0	4	8
Paranoia	5	0	1	0	6
Pellagrous Insanity	2	6	0	10	18
Senile Dementia	25	30	20	11	86
Traumatic Insanity	3	1	2	1	7
Toxic Insanity due to Morphine ism	3	1	1	1	6
Typhoid Delirium	0	0	0	2	2
Toxic Insanity due to Tuber- culosis	1	1	3	2	7
	148	114	122	106	490

TABLE No. 15

Mental Diagnosis of Patients Admitted During Year of 1914

	White Men.	White Women.	Col. Men.	Col. Women.	Total.
Acute Alcoholic Insanity	16	1	4	2	23
Apoplexy	1	0	0	0	1
Congenital Deficiency	16	9	10	6	41
Cerebral Syphilis	4	0	17	4	25
Climacteric Psychoses	0	3	0	1	4
Chronic Alcoholic	3	1	4	0	8
Dementia Praecox	14	15	14	18	61
Diabetes Melitus	1	0	1	0	2
Epileptic Insanity	14	7	5	2	28
Epileptic Idiocy	2	0	1	1	4
Insanity following Cerebral Hemorrhage	1	0	0	0	1
Insanity following Pulmonary Abscess	1	0	0	0	1
Insanity following Nephritis...	2	1	2	2	7
Insanity following Meningitis..	2	1	1	0	4
Insanity due to Morphinism..	3	4	0	0	7
Locomotor Ataxia	0	2	0	0	2
Maniac Depressive Insanity...	38	14	55	33	140
Melancholia	7	3	6	10	26
Not Insane	1	0	0	0	1
Not Classified	3	1	6	4	14
Paretic Dementia	13	1	20	1	35
Paranoia	5	0	0	0	5
Pellagrous Insanity	6	9	8	15	38
Post Typhoid Insanity.....	1	2	0	0	3
Pre-Senile Dementia	4	0	0	1	5
Post Puerperal	0	7	0	3	10
Senile Dementia	27	15	25	9	76
Scarlet Fever	1	0	0	0	1
Traumatic Insanity	1	0	2	1	4
Insanity due to Cocainism....	1	0	0	0	1
Tuberculosis	1	1	8	2	12
Totals	189	97	189	115	590

TABLE No. 16

Showing Cause of Death of Those Who Died During the Year 1913

	White		Col.		Total.
	Men.	Women.	Men.	Women.	
Acute Intestinal Nephritis.....	0	0	0	1	1
Accidental Burn	0	0	0	1	1
Chronic Intestinal Nephritis...	4	1	1	1	7
Cerebral Syphilis	0	1	6	0	7
Cerebral Apoplexy	0	2	1	0	3
Cerebral Spinal Meningitis....	0	0	1	0	1
Chronic Alcoholic Insanity....	0	0	1	0	1
Died Suddenly, cause unknown	0	0	0	1	1
Exhaustion due to Manic De- pressive Insanity	2	2	3	4	11
Exhaustion due to Dementia Praecox	1	2	0	1	4
Epilepsy	0	1	2	1	4
Exhaustion due to Senile De- mentia	2	3	10	5	20
Facial Erysipelas	0	1	0	0	1
Infection of Arm	0	0	1	0	1
Lobular Pneumonia	0	1	1	0	2
Lobar Pneumonia	5	1	0	2	8
Pellagra	0	4	1	7	12
Paresis	4	0	6	1	11
Parenchymatous Nephritis	1	0	0	3	4
Tuberculosis	4	5	7	8	24
Status Epilepticus	4	0	2	0	6
Typhoid Fever	0	1	0	0	1
Toxemia following Cystitis....	1	0	0	0	1
Unknown	2	1	0	0	3
	30	26	43	36	135

TABLE No. 17

Showing Cause of Death of Patients Who Died During the Year 1914

	White Men.	White Women.	Col. Men.	Col. Women.	Total.
Aortic Insufficiency	1	0	2	0	3
Apoplexy	1	0	0	0	1
Accidental Burn	0	0	1	1	2
Cerebral Hemorrhage	5	0	1	0	6
Chronic Intestinal Nephritis...	5	2	7	6	20
Cirrhosis of the Liver	1	0	0	0	1
Cerebral Syphilis	1	0	10	7	18
Chronic Alcoholic Insanity....	1	0	1	0	2
Exhaustion due to Manic De- pressive Insanity	0	3	8	7	18
Exhaustion due to Senile De- mentia	9	1	3	7	20
Exhaustion due to Dementia Praecox	1	1	0	0	2
Exhaustion due to Melancholia	0	2	0	1	3
Epilepsy	1	0	0	0	1
Encephalitis	1	0	0	0	1
Hypostatic Pneumonia	1	0	0	0	1
Inflammation of the Gall Blad- der	0	1	0	0	1
Lobular Pneumonia	2	1	0	1	4
Lobar Pneumonia	1	2	2	2	7
Myocarditis	1	1	0	1	3
Mitral Regurgitation	1	0	0	1	2
Mitral Regurgitation, Diabetes Mellitus and Lobar Pneu- monia	1	0	1	0	2
Parenchymatous Nephritis ...	1	0	0	1	2
Pulmonary Abscess	1	0	0	0	1
Pellagra	2	4	5	12	23
Paresis	10	4	7	0	21
Status Epilepticus	4	0	5	0	9
Septicemia	0	0	1	0	1
Traumatic Meningitis	1	0	1	0	2
Typhoid Fever	1	0	0	0	1
Tuberculosis	0	4	9	7	20
Unknown	0	0	1	1	2
	54	26	65	55	200

TABLE No. 18

Showing Mental Diagnosis of Patients Who Died During the
Year 1913

	White Men.	White Women.	Col. Men.	Col. Women.	Total.
Acute Alcoholic Insanity.....	0	0	2	2	5
Chronic Alcoholic Insanity.....	0	0	1	0	1
Climacteric Insanity	0	1	0	0	1
Congenital Deficiency	0	1	1	1	3
Cerebral Syphilis	0	1	7	0	8
Demetia Praecox	2	0	0	1	3
Epilepsy	4	3	4	1	12
Exhaustion due to Cerebral Spinal Meningitis	1	0	0	0	1
Maniac, Depressive	2	2	6	5	15
Melancholia	1	0	0	1	2
Paretic Dementia	4	0	5	1	10
Pellagra	0	5	1	5	11
Parenchymatous Nephritis ...	0	0	0	3	3
Senile Dementia	13	5	5	8	31
Toxic Insanity due to Nephritis	1	1	0	0	2
Tuberculosis	2	2	9	8	21
Unclassified	0	0	1	0	1
	30	26	43	36	135

TABLE No. 19

Showing Mental Diagnosis of Patients Who Died During the Year 1914

	White		Col.		Total
	Men.	Women.	Men.	Women.	
Acute Alcoholic Insanity.....	0	2	0	1	3
Climacteric Insanity.....	0	0	0	4	4
Congenital Deficiency.....	0	0	0	3	3
Cerebral Syphilis.....	4	0	10	2	16
Chronic Alcoholic Insanity.....	1	0	0	1	2
Dementia Praecox.....	1	2	0	5	8
Diabetes Melitus.....	1	0	1	0	2
Epilepsy.....	10	0	7	3	20
Maniac Depressive.....	7	3	12	5	27
Melancholia.....	2	2	0	1	5
Paretic Dementia.....	8	1	15	0	24
Pellagra.....	5	4	5	12	26
Paranoia.....	1	0	0	0	1
Senile Dementia.....	10	5	5	11	31
Toxic Insanity due to Nephritis	2	2	1	0	5
Toxic Insanity following Pul-					
monary Abscess.....	1	0	1	0	2
Traumatic Meningitis.....	0	0	1	0	1
Tuberculosis.....	0	5	3	7	15
Septicemia.....	0	0	1	0	1
Unclassified.....	1	0	3	0	4
	54	26	65	55	200

TABLE No. 20

Length of Residence of Those Dying During the Year 1913

	White		Col.		Total
	Men.	Women.	Men.	Women.	
Less than one hour.....	1	0	1	0	2
For one day.....	0	0	1	0	1
For two days.....	0	1	0	1	2
Less than one week.....	1	1	1	2	5
From two to three weeks.....	1	4	2	5	12
Three weeks to one month....	2	2	5	4	13
One to two months.....	1	2	5	5	13
Two to four months.....	1	2	5	4	12
Four to six months.....	3	1	4	2	10
Six to twelve months.....	1	2	5	2	10
One to two years.....	6	3	3	4	16
Two to three years.....	2	3	6	2	13
Over three years.....	6	3	3	2	14
For five years.....	0	2	0	0	2
Six to twelve years.....	5	0	2	3	10
	30	26	43	36	135

TABLE No. 21

Length of Residence of Those Dying During the Year 1914

	White Men.	White Women.	Col. Men.	Col. Women.	Total.
For one hour	1	0	1	1	3
For one day	1	0	0	0	1
For two days	0	1	1	1	3
Less than one week	5	2	7	2	16
From two to three weeks.....	5	6	8	8	27
Three weeks to one month....	5	2	7	4	18
One to two months.....	6	2	10	5	23
Two to four months.....	3	3	5	5	16
Four to six months.....	6	2	8	5	21
Six to twelve months.....	1	4	4	5	14
One to two years.....	8	1	3	7	19
Two to three years.....	2	1	3	2	8
Over three years.....	5	0	6	4	15
Six to twelve years.....	5	2	2	6	15
For fifteen years	1	0	0	0	1
	54	26	65	55	200

TABLE No. 22

Age at Decease of Those Who Died During Year 1913

	White Men.	White Women.	Col. Men.	Col. Women.	Total.
From 10 to 15 years.....	0	0	2	1	3
From 15 to 20 years.....	2	1	2	3	8
From 20 to 25 years.....	2	1	2	5	10
From 25 to 30 years.....	2	2	1	4	9
From 30 to 35 years.....	3	5	2	5	15
From 35 to 40 years.....	3	3	5	5	16
From 40 to 45 years.....	2	2	5	1	10
From 45 to 50 years.....	2	2	3	1	8
From 50 to 55 years.....	1	1	6	2	10
From 55 to 60 years.....	0	1	1	1	3
From 60 to 65 years.....	2	1	2	1	6
From 65 to 70 years.....	4	1	3	1	9
From 70 to 80 years.....	3	2	4	3	12
Eighty years and over.....	3	3	1	0	7
Unknown	1	1	4	3	9
	30	26	43	36	135

TABLE No. 23

Showing Age at Decease of Those Who Died During the Year 1914

	White		Col.		Total.
	Men.	Women.	Men.	Women.	
From 10 to 15 years.....	1	0	1	0	2
From 15 to 20 years.....	2	0	0	0	2
From 20 to 25 years.....	2	0	4	4	10
From 25 to 30 years.....	3	0	4	4	11
From 30 to 35 years.....	2	1	6	8	17
From 35 to 40 years.....	3	4	9	6	22
From 40 to 45 years.....	4	3	8	5	20
From 45 to 50 years.....	8	1	5	5	19
From 50 to 55 years.....	7	4	2	4	17
From 55 to 60 years.....	5	1	3	3	12
From 60 to 65 years.....	1	3	4	2	10
From 65 to 70 years.....	3	2	4	2	11
From 70 to 80 years.....	4	3	2	1	10
Eighty years and over.....	3	1	1	1	6
Unknown	6	3	12	10	31
	54	26	65	55	200

TABLE No. 24

Age at Admission of Those When Admitted During the Year 1913

	White		Col.		Total.
	Men.	Women.	Men.	Women.	
Under 10 years.....	0	1	0	1	2
From 10 to 15 years.....	4	4	3	5	16
From 15 to 20 years.....	8	2	10	11	31
From 20 to 25 years.....	17	10	9	9	45
From 25 to 30 years.....	16	10	18	12	56
From 30 to 35 years.....	17	14	13	14	58
From 35 to 40 years.....	9	19	12	12	52
From 40 to 45 years.....	12	7	21	6	46
From 45 to 50 years.....	18	9	5	6	38
From 50 to 55 years.....	7	10	6	6	29
From 55 to 60 years.....	13	6	2	4	25
From 60 to 65 years.....	6	5	2	2	15
From 65 to 70 years.....	7	2	2	1	12
From 70 to 80 years.....	5	7	6	3	21
Eighty years and over.....	1	3	3	2	9
Unknown	6	5	10	12	35
	148	114	122	106	490

TABLE No. 25

Age at Admission of Those When Admitted During the Year 1914

	White		Col.		Total.
	Men.	Women.	Men.	Women.	
Under 10 years.....	3	1	2	1	7
From 10 to 15 years.....	5	0	6	1	12
From 15 to 20 years.....	15	8	6	8	37
From 20 to 25 years.....	15	8	13	11	47
From 25 to 30 years.....	23	10	24	18	75
From 30 to 35 years.....	20	14	28	23	85
From 35 to 40 years.....	21	11	20	12	64
From 40 to 45 years.....	18	13	24	12	67
From 45 to 50 years.....	13	6	13	5	37
From 50 to 55 years.....	8	5	9	6	28
From 55 to 60 years.....	7	4	9	1	21
From 60 to 65 years.....	6	3	8	4	21
From 65 to 70 years.....	8	2	2	0	12
From 70 to 80 years.....	12	2	6	2	22
Eighty years and over.....	2	1	4	1	8
Unknown	13	9	15	10	47
	189	97	189	115	590

TABLE No. 26

Length of Time Resident in Hospital of Those Discharged During Year 1913

	White		Col.		Total.
	Men.	Women.	Men.	Women.	
Less than one week.....	2	0	0	0	2
From one to two weeks.....	2	0	0	1	3
From two to three weeks.....	3	0	4	0	7
From three weeks to one month	5	4	5	2	16
From one to two months.....	12	6	10	7	35
From two to four months.....	25	4	8	7	44
From four to six months.....	15	5	7	5	32
From six to twelve months....	12	12	7	1	32
From one to two years.....	13	5	7	3	28
From two to three years.....	5	1	1	0	7
For three years and over.....	3	1	0	0	4
For five years.....	1	0	1	0	2
For eleven years.....	0	0	2	0	2
	98	38	52	26	214

TABLE No. 27

Length of Time Resident in Hospital of Those Discharged During
Year 1914

	White		Col.		Total.
	Men.	Women.	Men.	Women.	
For one day	1	0	1	0	2
Less than one week	3	0	0	0	3
From one to two weeks	5	1	4	0	10
From two to three weeks....	3	5	5	1	14
From three weeks to one month	8	5	8	0	21
From one to two months.....	24	5	10	5	44
From two to four months.....	10	10	12	5	37
From four to six months.....	7	6	10	5	28
From six to twelve months....	6	5	6	11	28
From one to two years.....	1	10	1	6	18
From two to three years.....	0	4	4	1	9
Over three years.....	1	2	1	4	8
	69	53	62	38	222